

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee To Elect Mike Shannon					
Full Name of Contributor Janice Ritchey				Registration Number, if PAC	
Street Address 487 Elaine Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43213	Y 2	Amount \$25.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor George Pryor				Registration Number, if PAC	
Street Address 4033 Prince George		Employer/Occupation/Labor Organization*		M 0	D 9
City New Albany		State OH	Zip Code 43054	Y 2	Amount \$3,000.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Nick Soulas				Registration Number, if PAC	
Street Address 5180 Etna Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Whitehall		State OH	Zip Code 43213	Y 2	Amount \$250.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Ringle For Engineer				Registration Number, if PAC	
Street Address 865 Macon Alley		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$150.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Sean Maxfield				Registration Number, if PAC	
Street Address 825 S. Front St.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount \$50.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Lynn McNabb				Registration Number, if PAC	
Street Address 6145 Silverglade		Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna		State OH	Zip Code 43230	Y 2	Amount \$25.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Roger Simons				Registration Number, if PAC	
Street Address 12575 Wheaton Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Pickerington		State OH	Zip Code 43147	Y 2	Amount \$25.00
				Form (Cash, Check, etc.) cash	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ **\$3,525.00**