

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 J. Scott Weisman				Registration Number, if PAC	
Street Address 601 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor E. Scott Shaw				Registration Number, if PAC	
Street Address 500 S. Front St.		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Douglas Funkhouser				Registration Number, if PAC	
Street Address 1560 Vanelm		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43228	Y 1	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Steven Mathless				Registration Number, if PAC	
Street Address 150 E. Mound St., Ste. 308		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor William J. Moore				Registration Number, if PAC	
Street Address 326 S. High St., Ste. 300		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Benjamin Luftman				Registration Number, if PAC	
Street Address 580 E. Rich St.		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$150.00
Form (Cash, Check, etc.) check					
Full Name of Contributor R. William Meeks				Registration Number, if PAC	
Street Address 511 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 5
City Columbus		State OH	Zip Code 43215	Y 1	Amount \$500.00
Form (Cash, Check, etc.) check					

* 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 \$ **\$1,100.00**