31-	E
R.C.	3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	5/12/11
Page	

F		-		
Name of Committee in Full Committee To Elect Mike Shannon				
Full Name of Contributor			Registration Number, if	DAC
J. Scott Weisman			Registration Number, if	PAC
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
601 S. High St.	iproyesroscup	improyer/occupanion calour organization		\$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Columbus	OH	43215	check	
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	· - · · · · · · · · · · · · · · · · · ·	Registration Number, it	PAC
E. Scott Shaw				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
500 S. Front St.				\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43215	check	
Full Name of Contributor			Registration Number, if PAC	
Douglas Funkhouser	· · · · · · · · · · · · · · · · · · ·			_
Street Address	Employer/Occup	ation/Labor Organization*	MDY	Amount
1560 Vanelm		la: a .	0 5 1 2 1 1	· ·
City Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor	ОН	43228		
Steven Mathless			Registration Number, if	PAC
Street Address			M D Y	14
150 E. Mound St., Ste. 308	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$50.00
City	Star's a	Zip Code	0 5 1 2 1 1 Form (Cash, Check, etc.)	
Columbus	Staj te OH	43215	check	
Full Name of Contributor	Un Un	43213	Registration Number, if	PAC
William J. Moore			Kegistration (tumber, ii	TAC
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
326 S. High St., Ste. 300			0 5 1 2 1 1	\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	The state of the
Columbus	OH _.	43215	check	
Full Name of Contributor			Registration Number, if	PAC
Benjamin Luftman				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
580 E. Rich St.			0 5 1 2 1 1	\$150.00
City	Sta' te	Zip Code	Form (Cash, Check, etc.)	The state of the s
Columbus	OH _.	43215	check	
Full Name of Contributor R. William Meeks			Registration Number, if	PAC
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
511 S. High St.			0 5 1 2 1 1	\$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	The state of the s
Columbus	OH	43215	check	

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

Total contributions this event Total expenditures this event.	
Total contributions this event Total expenditures this event.	itures this event.

\$0.00 \$0.00

\$1,100.00 Page Total \$

^{*} 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)]