

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee To Elect Mike Shannon</b>				
Full Name of Contributor <b>Craig Gould</b>				
Street Address <b>205 Fallis Road</b>				
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b> D <b>5</b> Y <b>1</b>	Amount <b>\$250.00</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Glenn Willer</b>				
Street Address <b>2537 Chester Rd.</b>				
City <b>Upper Arlington</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b> D <b>5</b> Y <b>1</b>	Amount <b>\$200.00</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor <b>Matthew Roth</b>				
Street Address <b>13184 Brandon Circle</b>				
City <b>Pickerington</b>	State <b>OH</b>	Zip Code <b>43147</b>	M <b>0</b> D <b>5</b> Y <b>1</b>	Amount <b>\$200.00</b>
Form (Cash, Check, etc.) <b>check</b>				
Full Name of Contributor				
Street Address				
City	State <b>OH</b>	Zip Code	M D Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State <b>OH</b>	Zip Code	M D Y	Amount
Form (Cash, Check, etc.)				
Full Name of Contributor				
Street Address				
City	State <b>OH</b>	Zip Code	M D Y	Amount
Form (Cash, Check, etc.)				

The above are employees of a unit or department under the direct supervision and control of **Michael Shannon**, who currently holds the public office

of **City Attorney**. I hereby affirm that each contribution was voluntarily made.

**Mark Dean** (Signature of Treasurer or Deputy Treasurer)

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from form No. 31-G."

**\$650.00**

Page Total \$ \_\_\_\_\_