

## 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>9</b> Y <b>2</b>	Amount <b>\$150.00</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				
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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.

**[Signature]** (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."

**\$150.00**

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