

Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Committee To Elect Mike Shannon			
Full Name of Contributor			
Glenn Willer			
Street Address			
2537 Chester Rd.			
City		State	Zip Code
Upper Arlington		OH	43221
Form (Cash, Check, etc.)		Amount	
check		\$160.00	
Full Name of Contributor			
Street Address			
City		State	Zip Code
		OH	
Form (Cash, Check, etc.)		Amount	
Full Name of Contributor			
Street Address			
City		State	Zip Code
		OH	
Form (Cash, Check, etc.)		Amount	
Full Name of Contributor			
Street Address			
City		State	Zip Code
		OH	
Form (Cash, Check, etc.)		Amount	
Full Name of Contributor			
Street Address			
City		State	Zip Code
		OH	
Form (Cash, Check, etc.)		Amount	
Full Name of Contributor			
Street Address			
City		State	Zip Code
		OH	
Form (Cash, Check, etc.)		Amount	

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

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

 (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."

\$160.00
Page Total \$ _____