Statement of Contributions Received at a Social or Fund-Raising Event

Event Date <u>9 -15-13</u> Page <u>40</u>

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhll for City Council				
Full Name of Contributor Kristina L. Malatesta	all Name of Contributor		Registration Number, if PAC	
Street Address 4225 Waddington Rd.	Employer/Occup.	ation/Labor Organization*	0 9 1 5 1 3 Amount \$25.00	
City Columbus	Staj te OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lana M Williamson			Registration Number, if PAC	
Street Address 1170 Virginia Ave	Employer/Occup.	ation/Labor Organization*	0 9 1 5 1 3 \$25.00	
City Columbus	Stal te OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Georgia B. Hauser			Registration Number, if PAC	
Street Address 2320 Tremont Rd.		ation/Labor Organization*	0 9 1 5 1 3 Amount \$25.00	
City Columbus	Sta to OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laura M. Lombardi			Registration Number, if PAC	
Street Address 1205 W. 3rd Ave	Employer/Occup	ation/Labor Organization*	0 9 1 5 1 3 \$25.00	
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Julia Voegt-Brooking		<u> </u>	Registration Number, if PAC	
Street Address 1872 Fishinger Rd.	Employer/Occup.	ation/Labor Organization*	0 9 1 5 1 3 Amount \$25.00	
City Columbus	OH Stal te	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carol Ellies Moorehead			Registration Number, if PAC	
Street Address 4460 Langport Rd.	Employer/Occup:	ation/Labor Organization*	0 9 1 5 1 3 Amount \$25.00	
City Columbus	OH State	Zip Code 43220	Form (Cash, Check, ctc.) Check	
Full Name of Contributor Matthew B. Johnson	·		Registration Number, if PAC	
Street Address 1926 Elmwood Ave.	Employer/Occupa	ation/Labor Organization*	0 9 1 5 1 3 Amount \$25.00	
City Columbus	Sta te OH	Zip Code 43212	Form (Cash, Check, etc.) 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 in the date column

in the date commit			
Total contributions this event	Total expenditures this event.		
\$0.00	\$0.00		

90.00 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)]