

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council				
Full Name of Contributor Michelle S. Bean			Registration Number, if PAC	
Street Address 2040 Haviland Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$50.00
Full Name of Contributor Carolyn P. Barger			Registration Number, if PAC	
Street Address 2535 Brixton Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$50.00
Full Name of Contributor Tim A. Tarrier			Registration Number, if PAC	
Street Address 2703 Fairfax Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$50.00
Full Name of Contributor Thomas J. Riley			Registration Number, if PAC	
Street Address 4923 Stonehaven Dr.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43220	Y 1	Amount \$50.00
Full Name of Contributor Sean C. Martin			Registration Number, if PAC	
Street Address 1807 Baldridge Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$50.00
Full Name of Contributor Evelyn C. Kokai			Registration Number, if PAC	
Street Address 547 Shoal Ct.	Employer/Occupation/Labor Organization*		M 0	D 9
City Reynoldsburg	State OH	Zip Code 43068	Y 1	Amount \$50.00
Full Name of Contributor Leah Miller			Registration Number, if PAC	
Street Address 1880 Chatfield Rd.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$50.00

* 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)]

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

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 350.00