



Statement of Contributions Received

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Form 31-A

ORC 3517.10

Full Name of Committee Greenhill for City Council				
Full Name of Contributor Cheryl Godard			Registration Number, if PAC	
Street Address 2786 Marblevista Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal	
City Columbus	State OH	Zip Code 43204	Date (MM/DD/YYYY) 10/25/2017	Amount 150.00
Full Name of Contributor Sarah Oberlin			Registration Number, if PAC	
Street Address 2145 Waltham Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/20/2017	Amount 25.00
Full Name of Contributor Kelly Sheckell			Registration Number, if PAC	
Street Address 939 Yarmouth Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bloomfield Hills	State MI	Zip Code 48301	Date (MM/DD/YYYY) 10/26/2017	Amount 250.00
Full Name of Contributor Nancy Blosser			Registration Number, if PAC	
Street Address 2357 Southway Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/19/2017	Amount 50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]

Page Total \$475.00

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