

# 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 Andrew C. Theado			Registration Number, if PAC	
Street Address 4167 Nottingham Gate Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   15   1   3	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara Galartowicz			Registration Number, if PAC	
Street Address 2610 Slatge Run Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   15   1   3	Amount \$200.00
City Columbu	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor David E. Richardson			Registration Number, if PAC	
Street Address 3906 Tarrington Ln.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   15   1   3	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paula L. Brooks			Registration Number, if PAC	
Street Address 4585 Benderton Ct.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   15   1   3	Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check	
Full Name of Contributor William A. Catalano			Registration Number, if PAC	
Street Address 2012 Arlington Ave.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   15   1   3	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Gregory S. Sullivan			Registration Number, if PAC	
Street Address 2344 Brixton Rd.	Employer/Occupation/Labor Organization*		M   D   Y 0   9   15   1   3	Amount \$250.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jeffrey M. Ferritto			Registration Number, if PAC	
Street Address 235 S. High Street, PO Box 365	Employer/Occupation/Labor Organization*		M   D   Y 0   9   15   1   3	Amount \$250.00
City Columbus	State OH	Zip Code 43216	Form (Cash, Check, etc.) Check	

\* 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 \$ 1,100.00