

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 Pamela S. Stewart				Registration Number, if PAC	
Street Address 1296 La Rochelle Dr.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Michael C. Golden				Registration Number, if PAC	
Street Address 1455 W. Lane Ave., Apt. B		Employer/Occupation/Labor Organization*		M 0	D 9
City Upper Arlington		State OH	Zip Code 43221	Y 1	Amount \$200.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Melissa Lee				Registration Number, if PAC	
Street Address 1875 Elmwood Ave		Employer/Occupation/Labor Organization*		M 0	D 9
City Colbumbus		State OH	Zip Code 43212	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor JoAnn Sinclair				Registration Number, if PAC	
Street Address 3022 Leeds Rd		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor Michael Schaefer				Registration Number, if PAC	
Street Address 2995 Wellesley Dr.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* 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

\$3,425.00

Total expenditures this event.

\$159.75

Page Total \$ **\$565.00**