

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 Karen J. Larson				Registration Number, if PAC	
Street Address 2236 Oxford Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Alison M. McPherson				Registration Number, if PAC	
Street Address 2899 Eastcleft Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Leigh Lehman				Registration Number, if PAC	
Street Address 1416 Eastview Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Cynthia P. Close				Registration Number, if PAC	
Street Address 1825 Ivy Pointe	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13
City Naples	State FL	Zip Code 43109	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Lisa K. Markovich				Registration Number, if PAC	
Street Address 1290 Norwell Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Ellen Clark				Registration Number, if PAC	
Street Address 2441 Lytham Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Barbara J. McCombs				Registration Number, if PAC	
Street Address 1589 Berkshire Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 13
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		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 \$ 275.00
