

Statement of Expenditures

Form 31-B

RC 3517 10

Full Name of Committee					
Greenhill for City Council					
To Whom Paid			Date (MM/DD/YYYY)		Amount
Kip Greenhill			09/28/2017		118.25
Street Address	Purpose				
2243 Atlee Ct	Flowers for fund raiser				
City	State	Zip Code Check Number			
Columbus	ОН	43220 526557010			
To Whom Paid			Date (MM/DD/YYYY)		Amount
Herb Gillen			10/02/20	17	735.00
Street Address	Purpose				
1953 South Mallway Drive	Postage				
City	State	Zip Code Check Number		ck Number	
Columbus	ОН	432	221 527235783		235783
To Whom Paid			Date (MM/DD/YYYY)		Amount
			_		
Street Address	Purpose				
City	State	Zip Code Check Number			
	ОН				
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount
Street Address	Purpose			1	
City	State	7ip	Code	Che	ck Number
	ОН			•	accounts.
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip Code Check Number			
	ОН				

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