## **Statement of Other Income**

Page 3

Prescribed by Secretary of State 2/01

Name of Committee in Full	<del></del>		
Greenhill for City Council			
Full Name			Registration Number, if PAC
City of Upper Arlington			
Address	Type*		M D Y Amount
3600 Tremont Road	RE		1 2 1 3 1 6 \$4,000.00
City Lippor Adington	State	Zip Code 43221	Form (Cash, Check, etc.)
Upper Arlington Full Name	OH	43221	Check
rui Naise			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	RE Straite	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip Code	roim (Cash, Check, etc.)
Full Name	1 011		Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
/ Name of State of St	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	ОН		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
E-U None	ОН		Registration Number, if PAC
Fuli Name			Registration Number, ITTAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
		···	
Address	Type*		M D Y Amount
Cit.	RE State	Zip Code	Form (Cash, Check, etc.)
City	OH	Zip Coue	roim (Casa, Checa, etc.)
	I On		

4,000.00

Page Total \$

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.