



In-Kind Contributions Received

Form 31-J-1 R.C. 3517.10

| Full Name of Committee | | | | | | | |
|--|-------------|------------------------|---|--------------------------------|-----------------------------|----------------------------|--|
| Greenhill for City Council | | | | | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| Claire de Leigh Corportion dba Figlio Wood Fired Pizza | | | | | | | |
| Street Address | Description | on of Item or S | ervice | | Date (MM/DD/YYYY) | Fair Market Value | |
| 1369 Grandview Ave | Food fo | Food for fundraiser | | | 09/10/2017 | 250.00 | |
| City | | State | Zip Code | Received at Fundraisi | ng Event? | | |
| Columbus | | ЭН | 43212 | ĭ Yes □ No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* Registration Number, if PAC | | if PAC | | |
| | | | | | | | |
| Street Address Description | | ion of Item or Service | | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | |
| City | | State | Zip Code | Received at Fundraisi | ng Event? | | |
| | | OH | | ☐ Yes ☐ No | es No | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| | | | | | | | |
| Street Address Description of Item or S | | | ervice Date (MM/DD/YYYY) Fair Market Value | | Fair Market Value | | |
| | | | | | | | |
| | | State | Zip Code | Received at Fundraising Event? | | | |
| | | DН | | ☐ Yes ☐ No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* Regi | | Registration Number, | egistration Number, if PAC | |
| | | | | | | | |
| Street Address Description of Iter | | on of Item or S | or Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | |
| City | | State | Zip Code | Received at Fundraising Event? | | | |
| | | ОН | | ☐ Yes ☐ No | | | |
| Full Name of Contributor | | | Employer, Occupation, Labor Organization* | | Registration Number, if PAC | | |
| | | | | | | | |
| Street Address Description of Item | | ion of Item or S | Service | | Date (MM/DD/YYYY) | Fair Market Value | |
| | | | | | | | |
| City | | State | Zip Code | Received at Fundraising Event? | | | |
| | | ОН | | ☐ Yes ☐ No | lo | | |
| | | | | | | | |

| Page Total | 250.00 \$ | |
|------------|--------------|--|
| | | |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]