

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 Ronald F. Kauffman				Registration Number, if PAC	
Street Address 2984 Cortona Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43204	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				1	3
Full Name of Contributor Nancy A. Volksen					
Street Address 2754 Cradfor Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Upper Arlington		State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				1	3
Full Name of Contributor Laura Mills Moore					
Street Address 4380 Lyon Dr.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$60.00
Form (Cash, Check, etc.) Check				1	3
Full Name of Contributor Lauren D. Plessinger					
Street Address 1662 Doone Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				1	3
Full Name of Contributor Robert R. Deyo					
Street Address 2991 S. Dorchester Rd		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				1	3
Full Name of Contributor Steven W. Phillips					
Street Address 4296 Dublin Dr.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				1	3
Full Name of Contributor Page D. Thorson					
Street Address 2251 Oxford Rd.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				1	3

* 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 \$ 610.00