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Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Greenhill for City Council					
Full Name of Contributor				Registration Number, if PAC	
John W Royer			!		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1480 Dublin Rd					Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	ОН	43215		10/17/2017	150.00
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor				Registration Number	er, if PAC
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount
Full Name of Contributor	Ill Name of Contributor Registration Nur				er, if PAC
Street Address	Employe	nployer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)		Amount 1-9

*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)]