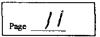
Statement of Other Income



Prescribed by Secretary of State 2/01

Name of Committee in Full		 	
Greenhill for City Council			
Full Name		··· · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Pierce Communications, Inc			
Address	Type*		M D Y Amount
208 East State Street	RE		0 8 0 5 1 6 \$300.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	Check
Full Name			Registration Number, if PAC
Address	Type*		M D Y ₁ Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		·
Full Name			Registration Number, if PAC
Address	Type*		M D Yi 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 State	Zip Code	Form (Cash, Check, etc.)
City	OH	24 000	Tom (casi, chook, cas.)
Full Name		1	Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	OH		Registration Number, if PAC
The state			August and Market and
Address	Type*	•	M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
E N.Y.	OH		In the Concession of the Conce
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RÉ		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
	RE		
City	State	Zip Code	Form (Cash, Check, etc.)
	OH_		

300.00 Page Total \$

^{*} 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.