

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 Elaine S. Buck				Registration Number, if PAC			
Street Address 4146 Clairmont Rd.	Employer/Occupation/Labor Organization*			M 0	D 9	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check				
Full Name of Contributor Martin Sayers, MD				Registration Number, if PAC			
Street Address 2859 Canterbury Lane	Employer/Occupation/Labor Organization*			M 0	D 9	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check				
Full Name of Contributor Rebecca A. Varda				Registration Number, if PAC			
Street Address 1861 Lane Rd.	Employer/Occupation/Labor Organization*			M 0	D 9	Y 1	Amount \$50.00
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check				
Full Name of Contributor Steve Stivers				Registration Number, if PAC			
Street Address 372 W. 2nd Ave	Employer/Occupation/Labor Organization*			M 0	D 9	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert J. Edler				Registration Number, if PAC			
Street Address 3512 Avignon Pl.	Employer/Occupation/Labor Organization*			M 0	D 9	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check				
Full Name of Contributor Robert J. Edler				Registration Number, if PAC			
Street Address 3512 Avignon Pl.	Employer/Occupation/Labor Organization*			M 0	D 9	Y 1	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check				
Full Name of Contributor Thomas Hudson				Registration Number, if PAC			
Street Address 1744 Ridgecliff Rd.	Employer/Occupation/Labor Organization*			M 0	D 9	Y 1	Amount \$50.00
City Upper Arlington	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check				

* 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 \$ 350.00