

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council							
Full Name of Contributor Homer F Mincy					Registration Number, if PAC		
Street Address 4063 Longhill Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Ranjan Manoranjan					Registration Number, if PAC		
Street Address 344 Cramer Creek Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor Mary F Graney					Registration Number, if PAC		
Street Address 2230 Atlee Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State OH	Zip Code 43220	M 1	D 0	Y 2	Amount \$25.00	
Full Name of Contributor Gwyneth M Pinta					Registration Number, if PAC		
Street Address 3057 Herrick Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 2	Amount \$25.00	
Full Name of Contributor Cheryl V. Kriska					Registration Number, if PAC		
Street Address 3758 Surrey Hill Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State OH	Zip Code 43220	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor Steven S Fink					Registration Number, if PAC		
Street Address 4047 Park Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor Maureen L Reedy					Registration Number, if PAC		
Street Address 2777 Donna Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
	OH						

* 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)]

Page Total **\$400.00**