

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council									
Full Name of Contributor Steven Phillips						Registration Number, if PAC			
Street Address 4296 Dublin Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 0		Amount \$100.00	
Full Name of Contributor Marilyn Pritchett						Registration Number, if PAC			
Street Address 4185 Chadbourne Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 0		Amount \$100.00	
Full Name of Contributor Timothy C McCombs						Registration Number, if PAC			
Street Address 1589 Berkshire Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 0		Amount \$50.00	
Full Name of Contributor Catherine E Wheaton						Registration Number, if PAC			
Street Address 3127 Barry Trace Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH		Zip Code 43017		M 0		D 7	
						Y 0		Amount \$25.00	
Full Name of Contributor Paul E Webb, DDS						Registration Number, if PAC			
Street Address 2094 Tremont Center			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 0		Amount \$250.00	
Full Name of Contributor Linda Beckett						Registration Number, if PAC			
Street Address 150 W Beechwold Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43214		M 0		D 7	
						Y 0		Amount \$50.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M		D	
						Y		Amount	

* 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 **\$575.00**