

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council									
Full Name of Contributor Loretta E Heigle						Registration Number, if PAC			
Street Address 2518 Rue De Fleur			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 2	Amount \$100.00	
Full Name of Contributor Martha G Timmons						Registration Number, if PAC			
Street Address 3696 Rushmore Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43220		M 0	D 8	Y 0	Amount \$50.00	
Full Name of Contributor Linda J Mauger						Registration Number, if PAC			
Street Address 1247 Kenbrook Hills Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43220		M 0	D 8	Y 0	Amount \$100.00	
Full Name of Contributor Nancy M Donaldson						Registration Number, if PAC			
Street Address 2381 Onandaga Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 8	Y 0	Amount \$50.00	
Full Name of Contributor Carl A Nelson, Jr						Registration Number, if PAC			
Street Address 1740 Arlington Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 8	Y 0	Amount \$50.00	
Full Name of Contributor Megan Gilligan						Registration Number, if PAC			
Street Address 1420 Castleton Rd., N			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43220		M 0	D 8	Y 0	Amount \$100.00	
Full Name of Contributor Patricia A Hosket						Registration Number, if PAC			
Street Address 4721 Bayford Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43220		M 0	D 8	Y 0	Amount \$100.00	
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 **\$550.00**