

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|--|--------------------|---|---------------|---------------|--|---------------------------|--|
| Name of Committee in Full Greenhill for City Council | | | | | | | |
| Full Name of Contributor William Lee OBrien | | | | | Registration Number, if PAC | | |
| Street Address 99 S. Kanawha St. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Buckhannon | State WV | Zip Code 26201 | M 0 | D 8 | Y 1 | Amount \$100.00 | |
| Full Name of Contributor Thomas C Westfall | | | | | Registration Number, if PAC | | |
| Street Address 1670 Doone Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43221 | M 0 | D 8 | Y 1 | Amount \$50.00 | |
| Full Name of Contributor Page D. Thorson | | | | | Registration Number, if PAC | | |
| Street Address 2251 Oxford Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43221 | M 0 | D 8 | Y 1 | 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 | | |
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| 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 **\$200.00**