## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full				
Greenhill for City Council				
Full Name of Contributor Linda Beckett	_		Registration Number, if Pa	AC
Street Address	I			Form (Cash, Check, etc.)
150 W. Beechwold Blvd	Employer/Occupati	ion/Labor Organization*		Check
City Columbus	State OH	Zip Code 43214	M D Y 0 7 2 2 1 6	Amount \$100.00
Full Name of Contributor  Joseph Berwanger  Registration Number, if PAC				
Street Address	Employer/Occupati	ion/Labor Organization*	]	Form (Cash, Check, etc.)
1600 Sundridge Dr				Check
City Columbus	State OH	Zip Code 43221	0 7 2 2 1 6	Amount \$100.00
ull Name of Contributor  J.R. Winfree			AC	
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
1260 Marlyn Dr				Check
City Columbus	OH.	Zip Code 43220	$\begin{bmatrix} 0 & 1 & 2 & 2 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \end{bmatrix} \begin{bmatrix} 0 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 \\ 0 & 1 & 1 & 1 & $	Amount \$75.00
Full Name of Contributor Registration Number, if PAC  James Hamilton				
Street Address	Employer/Occupat	ion/Labor Organization*	- <del></del>	Form (Cash, Check, etc.)
2810 Swansea Rd				Check
City Columbus	State OH	Zip Code 43221	M D Y 0 7 2 1 6	Amount \$25.00
Full Name of Contributor Registration Number, if PAC Robert Ness				
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
3655 Waldo Place		la: a i		Check
City Columbus	OH,	Zip Code 43220	0 7 2 2 1 6	Amount \$250.00
Full Name of Contributor  Loren Geistfeld  Registration Number, if PAC				
Street Address 2270 Sandover Rd	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43220	0 7 2 2 1 6	\$100.00
Full Name of Contributor Registration Number, if P.  Ronald Bloomfield				AC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2323 Brandon Road		Ta: o i		Check
City Columbus	State OH	Zip Code 43221	M D Y 1 6	Amount \$250.00
Full Name of Contributor Registration Number, if PA				AC
Street Address	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total \$900.00

<sup>\*</sup> 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)]