

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Greenhill for City Council</b>							
Full Name of Contributor <b>Eleanor J. Hoeller</b>						Registration Number, if PAC	
Street Address <b>4857 Etrick Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>James F. Mason</b>						Registration Number, if PAC	
Street Address <b>3421 River Rhone Lane</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>Raymond J. Tesner</b>						Registration Number, if PAC	
Street Address <b>1930 Cambridge Blvd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43212</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>W. Richard Stone</b>						Registration Number, if PAC	
Street Address <b>1165 Highland Dr.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Roger Albrecht</b>						Registration Number, if PAC	
Street Address <b>3990 Newhall Rd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>\$250.00</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 **\$750.00**