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## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council				
Full Name of Contributor Nancy R. Drees			Registration Number, if I	PAC
Street Address 3781 Criswell	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 9 0 7 1 3	Amount \$100.00
Full Name of Contributor Joan C. Sorrell			Registration Number, if I	PAC
Street Address 2326 Brixton Road	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43221	0 9 0 7 1 3	Атоилт \$25.00
Full Name of Contributor William James O'Brien			Registration Number, if I	
Street Address 26 1/2 Island Avenue	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Buckhannon	State WV	Zip Code 26201	$\begin{bmatrix} 0 & 9 & 0 & 7 & 1 & 3 \end{bmatrix}$	
Full Name of Contributor Emmalee Erin O'Brien			Registration Number, if	
Street Address 99 S. Kanawha St.		pation/Labor Organization		Form (Cash, Check, etc.) Check
City Buckhannon	State WV	Zip Code 26201	0 9 0 7 1 3	Amount \$25.00
Full Name of Contributor Jennifer B. Morrison			Registration Number, if	
Street Address 2855 Canterbury Ln.	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	0 9 0 7 1 3	
Full Name of Contributor  Marilyn O. Voyles				<u>-</u>
Street Address 3111 Bembridge Rd.	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	0 9 0 7 1 3	i
Full Name of Contributor Brad DeHays			Registration Number, if	
Street Address 2006 Cambridge Blvd.	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	0 9 0 7 1 3	
Full Name of Contributor J.R. Winfree			Registration Number, if	
Street Address 1260 Marlyn Dr.	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Amount 3 \$100.00

Page Total \$675.00

<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)]