Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full Greenhill for City Council | | | | | |
|--|---|--------------------------|----------------------------|--------------------------------|--|
| Full Name of Contributor Bruce A Peterson | | | Registration Number, if P. | AC | |
| Street Address 3410 London Court Dr | Employer/Occupat | tion/Labor Organization | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43221 | 0 8 0 9 1 7 | Amount \$100.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | |
| Natalie A Theado | | | | Form (Cash, Check, etc.) | |
| Street Address 4115 Greensview Dr | Employer/Occupation/Labor Organization | | | Check | |
| City Columbus | State OH | Zip Code 43220 | 0 8 0 9 1 7 | Amount \$50.00 | |
| Full Name of Contributor Amanda M C Fountain | | | | Registration Number, if PAC | |
| Street Address 2390 Canterbury Rd | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43221 | 0 8 0 9 1 7 | Amount \$50.00 | |
| Full Name of Contributor Registration Number, if PA Kelly Boggs Lape | | | | AC | |
| Street Address 2545 Sandover Rd | Employer/Occupa | tion/Labor Organization* | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43220 | M D Y 7 | Amount \$75.00 | |
| Full Name of Contributor Registration Number, if PAC Carol Ellies Moorehead | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) | |
| 4460 Langport Rd | | | | Check | |
| City Columbus | State OH | Zip Code 43220 | 0 8 0 9 1 7 | Amount \$25.00 | |
| Full Name of Contributor Registration Number, if PAC Susan Caruso | | | | | |
| Street Address 3039 Derby Rd | Employer/Occupation/Labor Organization | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43221 | 0 8 0 9 1 7 | Amount \$30.00 | |
| Full Name of Contributor Registration Number, if F | | | | AC | |
| 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 | | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M D Y | Amount | |

Page Total \$330.00

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)]