## **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 Steven Phillips			Registr	ation Nun	aber, if PA	AC	
Street Address 4296 Dublin Rd	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	0 <sup>M</sup> <sub>1</sub> 7	D 5	1 6	Amount \$100.00	
Full Name of Contributor Registration Shirley Wing					ıber, if PA	AC .	
Street Address 2625 Clairmont Ct	Employer/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	0 <sup>M</sup> 7	2 5	1 6	Amount \$50.00	
Full Name of Contributor Registration Number,						AC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor	f Contributor Registration Number, if PA					AC .	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	Registra	ation Nun	iber, if PA	C	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor Rep					Registration Number, if PAC		
Street Address	Employer/Occur	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/Occu	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	
Full Name of Contributor Registration Number, if					iber, if PA	NC .	
Street Address	Employer/Occur	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount	

Page Total \$150.00

<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)]