

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council									
Full Name of Contributor W Craig Zimpher							Registration Number, if PAC		
Street Address 2435 Coventry Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 8	
						Y 0		Y 1	
						Y 1		Y 6	
							Amount \$50.00		
Full Name of Contributor Claudia Dusseau							Registration Number, if PAC		
Street Address 3681 Kennybrook Ln				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 8	
						Y 0		Y 1	
						Y 1		Y 6	
							Amount \$100.00		
Full Name of Contributor Link Murphy							Registration Number, if PAC		
Street Address 2400 Wenbury Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 8	
						Y 0		Y 1	
						Y 1		Y 6	
							Amount \$25.00		
Full Name of Contributor Katherine Stutz							Registration Number, if PAC		
Street Address 2074 Andover Rd				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 8	
						Y 0		Y 1	
						Y 1		Y 6	
							Amount \$100.00		
Full Name of Contributor Linda Moulakis							Registration Number, if PAC		
Street Address 4120 Mumford Ct				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 8	
						Y 0		Y 1	
						Y 1		Y 6	
							Amount \$25.00		
Full Name of Contributor William Plasket							Registration Number, if PAC		
Street Address 58B E. Hubbard Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M 0		D 8	
						Y 0		Y 2	
						Y 1		Y 6	
							Amount \$250.00		
Full Name of Contributor Susan Yutzey							Registration Number, if PAC		
Street Address 1254 Norwell Dr				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 8	
						Y 0		Y 3	
						Y 1		Y 6	
							Amount \$100.00		
Full Name of Contributor William James O'Brien							Registration Number, if PAC		
Street Address 26 1/2 Island Avenue				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Buckhannon		State WV		Zip Code 26201		M 0		D 8	
						Y 0		Y 3	
						Y 1		Y 6	
							Amount \$50.00		

* 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)]

Page Total **\$700.00**