

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council									
Full Name of Contributor Caroln K Patterson						Registration Number, if PAC			
Street Address 2160 Cambridge Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 1	Y 0	Amount \$50.00
Full Name of Contributor John C Cleland						Registration Number, if PAC			
Street Address 2319 Arlington Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 1	Y 0	Amount \$25.00
Full Name of Contributor Ronald J Bloomfield						Registration Number, if PAC			
Street Address 2323 Brandon Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 1	Y 0	Amount \$250.00
Full Name of Contributor Janet M Mollmann						Registration Number, if PAC			
Street Address 10785 Charlston Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Vero Beach		State FL	Zip Code 32963		M 0	D 7	Y 1	Y 0	Amount \$100.00
Full Name of Contributor Daniel R Helmich						Registration Number, if PAC			
Street Address 3430 Watergate Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 1	Y 0	Amount \$100.00
Full Name of Contributor David E Decapua						Registration Number, if PAC			
Street Address 2101 Yorkshire Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 7	Y 1	Y 0	Amount \$250.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	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 **\$775.00**