

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council									
Full Name of Contributor E Ann Gabriel						Registration Number, if PAC			
Street Address 2 Forest St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Athens		State OH		Zip Code 45701		M 0		D 7	
						Y 1		Amount \$50.00	
Full Name of Contributor Abigail H Frye						Registration Number, if PAC			
Street Address 300 Seaport Lane, #1219			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Mt. Pleasant		State SC		Zip Code 29464		M 0		D 7	
						Y 1		Amount \$25.00	
Full Name of Contributor Rochelle M DeRoberts						Registration Number, if PAC			
Street Address 2737 Edington Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor Gail B Marsh						Registration Number, if PAC			
Street Address 2266 Club Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor Thomas E Fontana						Registration Number, if PAC			
Street Address 2930 Redding Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor Marjory M Pizzuti						Registration Number, if PAC			
Street Address 2158 N Parkway Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 1		Amount \$50.00	
Full Name of Contributor Curtin G Kelley						Registration Number, if PAC			
Street Address 4176 Davenport Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 1		Amount \$100.00	
Full Name of Contributor Priscilla D Mead						Registration Number, if PAC			
Street Address 1399 La Rochelle Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 1		Amount \$25.00	

* 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 **\$550.00**