

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council									
Full Name of Contributor Gregory R Overmyer						Registration Number, if PAC			
Street Address 2667 Sandover Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$50.00	
Full Name of Contributor W H Purdy						Registration Number, if PAC			
Street Address 2768 Swansea Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 2		Amount \$25.00	
Full Name of Contributor Richard B Germain						Registration Number, if PAC			
Street Address 4740 Riverside Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$100.00	
Full Name of Contributor Bradley Frick and Associates						Registration Number, if PAC			
Street Address 1265 Neil Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43201		M 0		D 7	
						Y 2		Amount \$250.00	
Full Name of Contributor Brendan T King						Registration Number, if PAC			
Street Address 2576 Coventry Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH		Zip Code 43221		M 0		D 7	
						Y 2		Amount \$250.00	
Full Name of Contributor Sandra L Federer						Registration Number, if PAC			
Street Address 1329 Castleton Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Amount \$50.00	
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		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		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 **\$725.00**