

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council							
Full Name of Contributor Kelly Sheckell					Registration Number, if PAC		
Street Address 939 Yarmouth		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bloomfield	State MI	Zip Code 48301	M 0	D 7	Y 1	Y 3	Amount \$250.00
Full Name of Contributor Mary McCafferty					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 3	Amount \$250.00
Full Name of Contributor William Plasket					Registration Number, if PAC		
Street Address 2366 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 8	Amount \$250.00
Full Name of Contributor Paul 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 7	Y 2	Y 0	Amount \$250.00
Full Name of Contributor Jodi Patton					Registration Number, if PAC		
Street Address 4766 Riverside Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 0	D 7	Y 3	Y 0	Amount \$250.00
Full Name of Contributor Gloria Heydlauff					Registration Number, if PAC		
Street Address 2390 Sheringham Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 1	Y 3	Amount \$250.00
Full Name of Contributor Sue Fitz					Registration Number, if PAC		
Street Address 1852 Tremont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 8	Y 2	Y 3	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

* 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 **\$1,750.00**