

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|--|--------------------|--|---------------|---------------|--|---------------|---------------------------|
| Name of Committee in Full Greenhill for City Council | | | | | | | |
| Full Name of Contributor Beth B. Hamilton | | | | | Registration Number, if PAC | | |
| Street Address 1181 MillCreek Ln. | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43220 | M 0 | D 9 | Y 1 | Y 7 | Amount \$100.00 |
| Full Name of Contributor E. Ann Gabriel | | | | | Registration Number, if PAC | | |
| Street Address 9 Westfield Dr. | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | |
| City Athens | State OH | Zip Code 45701 | M 0 | D 9 | Y 1 | Y 7 | Amount \$50.00 |
| Full Name of Contributor Hamish L. Fraser | | | | | Registration Number, if PAC | | |
| Street Address 1945 Hillside Dr. | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | |
| City Upper Arlington | State OH | Zip Code 43221 | M 0 | D 9 | Y 1 | Y 7 | Amount \$200.00 |
| Full Name of Contributor Dianne P. Albrecht | | | | | Registration Number, if PAC | | |
| Street Address 3990 Newhall Rd | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43220 | M 0 | D 9 | Y 1 | Y 7 | Amount \$50.00 |
| Full Name of Contributor Carolyn M. Takos | | | | | Registration Number, if PAC | | |
| Street Address 2193 Sandston Rd. | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43220 | M 0 | D 9 | Y 1 | Y 7 | Amount \$20.00 |
| Full Name of Contributor William Gregory Guy | | | | | Registration Number, if PAC | | |
| Street Address 5810 Shier Rings Road | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | |
| City Dublin | State OH | Zip Code 43016 | M 0 | D 9 | Y 1 | Y 7 | Amount \$25.00 |
| Full Name of Contributor William T. Mead | | | | | Registration Number, if PAC | | |
| Street Address 2257 Abington Rd. | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43221 | M 0 | D 9 | Y 1 | Y 7 | Amount \$25.00 |
| Full Name of Contributor Noelle E. Fox | | | | | Registration Number, if PAC | | |
| Street Address 2396 Middlesex Rd. | | Employer/Occupation/Labor Organization * | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State OH | Zip Code 43220 | M 0 | D 9 | Y 1 | Y 7 | 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(H)(4)]

Page Total **\$520.00**