Statement of Contributions Received

Page ____

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council				
Full Name of Contributor Paula D White			Registration Number, if PAC	
Street Address 4561 Belrose Ln	Employer/Occupation/Labor Organization*		•	Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	0 8 1 B 1 7	Amount \$50.00
Full Name of Contributor Registration Number, if PAC Mary Kay Fenner				
Street Address 2211 Pickett Post Ln	Employer/Occupat	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 8 2 3 1 7	Amount \$50.00
Nancy R Drees			Registration Number, if Pa	
Street Address 3781 Criswell Dr	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	$\begin{bmatrix} 0 & 8 & 2 & 3 & 1 & 7 \end{bmatrix}$	Amount \$75.00
Full Name of Contributor Registration Number, if PAC Ronald J Koltak				
Street Address 1963 N Devon Rd		ion/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43212	$0\stackrel{M}{9} 0\stackrel{D}{5} 1\stackrel{Y}{7}$	Amount \$250.00
Full Name of Contributor Registration Number, if PAC Diane C Reichwein				
Street Address 1963 N Devon Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	0 9 0 5 1 7	Amount \$250.00
Full Name of Contributor Diane P Sturges			Registration Number, if PAC	
Street Address 1622 Cambridge Blvd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	0 9 0 5 1 7	Amount \$50.00
Full Name of Contributor David E Scott			Registration Number, if PAC	
Street Address 1553 Fishinger Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	M D Y 0 9 0 5 1 7	Amount \$25.00
Full Name of Contributor Registration Number, if Pa				Form (Cash, Check, etc.)
Street Address		Employer/Occupation/Labor Organization*		
City	State OH	Zip Code	M D Y	Amount

Page Total \$750.00

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)]