Statement of Contributions Received

Prescribed by Secretary of State 03/05

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Name of Committee in Full Greenhill for City Council				
Full Name of Contributor Deborah P. Bower			Registration Number, if P	AC
Street Address 1361 Fountaine Dr.	Employer/Occi	rpation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	0 9 1 7 1 3	Amount \$50.00
Full Name of Contributor Barbara Leighner			Registration Number, if P	ÂC
Street Address 2231 Atlee Ct.	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 9 1 7 1 3	Amount \$50.00
Full Name of Contributor John Walter Payne Registration Number,			Registration Number, if P	AC
Street Address 1890 Coventry Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	0 9 1 7 1 3	Amount \$100.00
Full Name of Contributor Registration Number, Marilyn W. Pritchett				AC
Street Address 4185 Chadbourne Dr.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 9 1 7 1 3	Amount \$1 00.00
Full Name of Contributor Pagistration Number, if PAC Janet M. Mollman				
Street Address 2467 Tremont Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	0 9 1 7 1 3	Amount \$100.00
Full Name of Contributor Registration Number, if I Binkley Revocable Living Trust				AC
Street Address 4165 Mumford Ct.	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43220	0 9 1 7 1 3	Amount \$25.00
Full Name of Contributor Marvin G Gutter Registration Number, if I			AC	
Street Address 4849 Etrick Dr.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 9 1 7 1 3	Amount \$50.00
Full Name of Contributor Registration Number, if P. Chris Reinhardt				AC
Street Address 4260 Reedbury Ln	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	0 9 1 7 1 3	Amount \$100.00

Page Total \$575.00

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)]