

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Greenhill for City Council</b>						
Full Name of Contributor <b>Nancy Henry</b>				Registration Number, if PAC		
Street Address <b>5176 Schuykill St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>7</b>	Y <b>2 5 1 6</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Jane Smith</b>				Registration Number, if PAC		
Street Address <b>6030 Riverside Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>7</b>	Y <b>2 5 1 6</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>Roberta Gutter</b>				Registration Number, if PAC		
Street Address <b>4849 Etrick Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>7</b>	Y <b>2 5 1 6</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Susan Ralph</b>				Registration Number, if PAC		
Street Address <b>4090 Bayberry Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>0</b>	D <b>7</b>	Y <b>2 5 1 6</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Cheryl Zeiger</b>				Registration Number, if PAC		
Street Address <b>7 Stonegate Village Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	M <b>0</b>	D <b>7</b>	Y <b>2 5 1 6</b>	Amount <b>\$100.00</b>
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State <b>OH</b>	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 <b>OH</b>	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 <b>OH</b>	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 **\$425.00**