

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council									
Full Name of Contributor Edward F Seidel, Jr						Registration Number, if PAC			
Street Address 4660 Stonehaven Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Y 7	
						Amount \$100.00			
Full Name of Contributor W Joseph Harper						Registration Number, if PAC			
Street Address 1620 Zollinger Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 2		Y 7	
						Amount \$250.00			
Full Name of Contributor David C Fontana						Registration Number, if PAC			
Street Address 2190 Cheltenham Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0		D 7	
						Y 2		Y 7	
						Amount \$250.00			
Full Name of Contributor Dale E 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 7	
						Y 2		Y 7	
						Amount \$250.00			
Full Name of Contributor M Jameson Crane						Registration Number, if PAC			
Street Address 2289 Onandaga Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0		D 7	
						Y 2		Y 7	
						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			
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			
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 **\$1,100.00**