

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council									
Full Name of Contributor James L Fronk						Registration Number, if PAC			
Street Address 2134 Oakmount Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH		Zip Code 43221		M 0	D 7	Y 1	Amount \$20.00
Full Name of Contributor Roberta Gutter						Registration Number, if PAC			
Street Address 4849 Etrick Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0	D 7	Y 1	Amount \$25.00
Full Name of Contributor James N Baird, Jr						Registration Number, if PAC			
Street Address 2235 Atlee Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0	D 7	Y 1	Amount \$50.00
Full Name of Contributor Priscilla D Mead						Registration Number, if PAC			
Street Address 1399 La Rochelle Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0	D 7	Y 1	Amount \$50.00
Full Name of Contributor Peggy E Pfeil						Registration Number, if PAC			
Street Address 1801 Ardwick Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH		Zip Code 43220		M 0	D 7	Y 1	Amount \$25.00
Full Name of Contributor Janet M Mills						Registration Number, if PAC			
Street Address 2788 Pickwick Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0	D 7	Y 1	Amount \$25.00
Full Name of Contributor Margaret Zidonis						Registration Number, if PAC			
Street Address 1724 Churchview Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43220		M 0	D 7	Y 1	Amount \$50.00
Full Name of Contributor Joseph M Berwanger						Registration Number, if PAC			
Street Address 1600 Sundridge Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0	D 7	Y 1	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(B)(4)]

Page Total **\$295.00**