

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council							
Full Name of Contributor Elizabeth S. Tarrier						Registration Number, if PAC	
Street Address 2703 Fairfax Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 0	D 8	Y 1 2 3	Amount \$100.00
Full Name of Contributor Jodi Rouda Palmer						Registration Number, if PAC	
Street Address 4345 Crown Point Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 0	D 8	Y 1 2 1 3	Amount \$50.00
Full Name of Contributor Susan M. Ralph						Registration Number, if PAC	
Street Address 4090 Bayberry Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbuys		State OH	Zip Code 43220	M 0	D 8	Y 1 2 1 3	Amount \$50.00
Full Name of Contributor Candy Riley						Registration Number, if PAC	
Street Address 4923 Stonehaven Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 0	D 8	Y 1 2 1 3	Amount \$250.00
Full Name of Contributor Michael H. Keenan						Registration Number, if PAC	
Street Address 7103 Coventry Woods Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017	M 0	D 8	Y 1 2 1 3	Amount \$50.00
Full Name of Contributor W. Michael Brady						Registration Number, if PAC	
Street Address 5025 Arlington Centre Blvd. #195			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 0	D 8	Y 1 2 1 3	Amount \$50.00
Full Name of Contributor Jeanne N. Schoedinger						Registration Number, if PAC	
Street Address 1911 Upper Chelsea			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43212	M 0	D 8	Y 1 2 1 3	Amount \$100.00
Full Name of Contributor Shirley Evans Wing						Registration Number, if PAC	
Street Address 2625 Clairmont Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43220	M 0	D 8	Y 1 2 1 3	Amount \$200.00

* 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 **\$850.00**