

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Greenhill for City Council						
Full Name of Contributor Sandra Federer					Registration Number, if PAC	
Street Address 1329 Castleton Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 7	Y 2 9 1 6	Amount \$25.00
Full Name of Contributor Mary Kay Fenner					Registration Number, if PAC	
Street Address 2211 Picket Post Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 7	Y 2 9 1 6	Amount \$50.00
Full Name of Contributor Glenda Huffman					Registration Number, if PAC	
Street Address 2695 Henthorn Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	M 0	D 7	Y 2 9 1 6	Amount \$100.00
Full Name of Contributor Julia Armstrong					Registration Number, if PAC	
Street Address 1225 Dublin Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 7	Y 2 9 1 6	Amount \$100.00
Full Name of Contributor Andrew Livingston					Registration Number, if PAC	
Street Address 1704 Sunridge Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 7	Y 2 9 1 6	Amount \$100.00
Full Name of Contributor Alan Yaretts					Registration Number, if PAC	
Street Address 2280 Sandover Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 7	Y 2 9 1 6	Amount \$50.00
Full Name of Contributor Molly Todd					Registration Number, if PAC	
Street Address 1884 Andover Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 0	D 7	Y 2 9 1 6	Amount \$25.00
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	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 **\$450.00**