



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Franklin County Green Party				
Full Name of Contributor Terry Holloway			Registration Number, if PAC NA	
Street Address 7213 Pebble Way Ct.	Employer/Occupation/Labor Organization* Senior Inspector, True Inspection Services		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43235	Date (MM/DD/YYYY) 07/13/2018	Amount 23.97
Full Name of Contributor Erin Hess			Registration Number, if PAC NA	
Street Address 1767 Schrock Road Apt. B	Employer/Occupation/Labor Organization* Business Analyst - Computer Aid, Inc.		Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 11/20/2018	Amount 47.05
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	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)]