

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Green Party							
Full Name of Contributor Tekla Taylor-Lagway					Registration Number, if PAC N/A		
Street Address 5100 Kingshill Dr.		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43229	M 0	D 1	Y 2	Amount \$20.00	
Full Name of Contributor Jerry Leard					Registration Number, if PAC N/A		
Street Address 2287 Indiana		Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43202	M 0	D 4	Y 3	Amount \$20.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	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)]

Total: \$40.00