Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Green Party		***	-	·	
Full Name of Contributor Connie Gadell-Newton	,		Registration Number, if	PAC	
944 Farnham Rd.	Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	0 7 1 3 1 0		
Full Name of Contributor Suzanne M. Patzer			Registration Number, if	PAC	
Street Address 1021 E, Broad St.		Employer/Occupation/Labor Organization* Education Administrator		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	0 7 1 5 1 0	Amount \$25.00	
Full Name of Contributor Robert J. Fitrakis	<u></u>		Registration Number, if PAC		
Street Address 1021n E. Broad St.	Employer/Occi Professo	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	0 7 1 5 1 0	Amount \$25.00	
ull Name of Contributor Suzanne M. Patzer			Registration Number, if	PAC	
Street Address 1021 E. Broad St.		pation/Labor Organization* n Administrator		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43208	0 7 1 6 1 0	Amount \$ 7 5.00	
Full Name of Contributor Donald B. Gibson	,		Registration Number, if	PAC	
Street Address 1974 Wyandotte Rd.	Employer/Occupation/Labor Organization* College Administrator		<u> </u>	Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	0 7 2 4 1 0	Amount \$25.00	
Full Name of Contributor Connie M. Hammond				Registration Number, if PAC	
Street Address 166 Acton Rd.	Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	0 7 2 4 1 0	Amount \$50.00	
Full Name of Contributor Robert J. Fitrakis	Registration N			AC	
Street Address 1021 E, Broad St.	Employer/Occupation/Labor Organization* Professor		<u> </u>	Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	M D Y 1 0 1 0 1 0	Amount \$25.00	
Full Name of Contributor Suzanne M. Patzer	•		Registration Number, if F	AC	
Street Address 1021 E. Broad St.	Employer/Occupation/Labor Organization* Education Administrator			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43205	M D Y 1 0 2 2 1 0	Amount \$50.00	

Page Total

^{*} 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)]