

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|---|--|--------------------|---|--|---------------|-----------------------------|--|---------------|--------------------------|
| Name of Committee in Full Franklin County Green Party | | | | | | | | | |
| Full Name of Contributor Connie Hammond | | | | | | Registration Number, if PAC | | | |
| Street Address 166 Acton Rd. | | | Employer/Occupation/Labor Organization* Retired | | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | | State OH | Zip Code 43214 | | M 0 | D 7 | Y 1 | Y 5 | Amount \$20.00 |
| Full Name of Contributor John T. Kratoville | | | | | | Registration Number, if PAC | | | |
| Street Address 1620 W. First Ave. #2 | | | Employer/Occupation/Labor Organization* Unemployed | | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | | State OH | Zip Code 43212 | | M 0 | D 7 | Y 1 | Y 5 | Amount \$10.00 |
| Full Name of Contributor Suzanne 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 | | M 0 | D 8 | Y 1 | Y 8 | Amount \$50.00 |
| Full Name of Contributor Connie Gadell-Newton | | | | | | Registration Number, if PAC | | | |
| Street Address 944 Farnham Rd. | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | | State OH | Zip Code 43220 | | M 0 | D 8 | Y 1 | Y 8 | Amount \$6.00 |
| Full Name of Contributor Bernard Bronczyk | | | | | | Registration Number, if PAC | | | |
| Street Address 3088 Brandon Rd. | | | Employer/Occupation/Labor Organization* Retired | | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | | State OH | Zip Code 43221 | | M 0 | D 8 | Y 1 | Y 8 | Amount \$15.00 |
| Full Name of Contributor John T. Kratoville | | | | | | Registration Number, if PAC | | | |
| Street Address 1620 W. First Ave. #2 | | | Employer/Occupation/Labor Organization* Unemployed | | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | | State OH | Zip Code 43212 | | M 0 | D 8 | Y 1 | Y 8 | Amount \$10.00 |
| 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 | Y | Amount |
| | | OH | | | | | | | |
| 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 | Y | Amount |
| | | OH | | | | | | | |

* 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 **\$111.00**