Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	7/12/16
Page 3	Posted B M Proceedings of the Company of the Compan

Name of Committee in Full	Trescribed by Secret		
Franklin County Green Party			
Full Name of Contributor Various small contributions	Registration Number, if PAC		
treet Address	Employer/Occupa	ntion/Labor Organization*	M D Y Amount 0 7 1 2 1 6 \$66.00
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ull Name of Contributor		<u>- </u>	Registration Number, if PAC
treet Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
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full Name of Contributor			Registration Number, if PAC
treet Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
City	Stal to OH	Zip Code	Form (Cash, Check, etc.)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.	
\$0.00	\$0.00	Page Total \$ \$66.00

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]