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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Green Party				
Full Name of Contributor Robert J. Fitrakis		Registration Number, if PAC		
Street Address 1021 E. Broad St	Employer/Occupation/Labor Organization* Professor, Columbus State		-	Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43205	0 1 0 9 1 7	Amount \$100.00
Full Name of Contributor Connie Hammond			Registration Number, if PAC	
Street Address 166 Action Rd.	Employer/Occupation/Labor Organization* Retired			Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43214	0 2 1 4 1 7	Amount \$200.00
Full Name of Contributor Brynette Turner			Registration Number, if PAC NA	
Street Address 1665 Coburg Rd.	Employer/Occupati Writer, self	ion/Labor Organization* employed		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43227	0 2 1 4 1 7	Amount \$10.00
Full Name of Contributor Suzanne Patzer			Registration Number, if PAC	
Street Address 1021 E. Broad St.		ion/Labor Organization* Admin, Columbus State		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43205	0 5 0 6 1 7	Amount \$50.00
Full Name of Contributor Brynette Turner Registration Number, if PAC NA				AC
Street Address 1665 Coburg Rd.	Employer/Occupation/Labor Organization* Writer, self-employed			Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43227	0 ^M 4 1 1 1 7	Amount \$10.00
Full Name of Contributor Robert J. Fitrakis			Registration Number, if PAC NA	
Street Address 1021 E. Broad St.		ion/Labor Organization* Columbus State	-	Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43205	M D Y D 5 1 6 1 7	Amount \$75.00
Full Name of Contributor Brynette Turner			Registration Number, if PAC NA	
Street Address 1665 Coburg Rd.	Employer/Occupation/Labor Organization* Writer - self employed			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43227	D Y D Y D 7	Amount \$10.00
Full Name of Contributor Registration Number, if PAC				
Street Address	Employer/Occupati	ion/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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)]