

## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full		<del></del> -						
Franklin County Green Party								
Full Name of Contributor Connie Hammond				Registration Number, if PAC				
Street Address	Employer/Occupa	ation/Labor Orga	nization*	<u> </u>			Form (Cash, Check, etc.)	
166 Acton Rd.	Retired						cash	
City Columbus	State OH	Zip Code 43214		о 3 2	1 1	Y   1	Amount \$20.00	
Full Name of Contributor			Registration Number, if PAC				ic	
Tekla Taylor-Legway				<u> </u>				
Street Address 5100 Kingshill Dr.	Employer/Occupation/Labor Organization*  Retired						Form (Cash, Check, etc.)	
City	State	Zip Code			<del>7</del> 7 .	<del>.,</del>	Cash Amount	
Columbus	OH	43229		0 5 2			\$20.00	
Full Name of Contributor Suzanne M. Patzer				Registration Number, if PAC				
Street Address 1021 E. Broad St.	Employer/Occupa Education			-			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43205		0 <sup>M</sup> 6	1 9 1	1	Amount \$20.00	
Full Name of Contributor  Jonathon T. Kratoville	<del></del>		·	Registratio	n Number	if PA	C	
Street Address 1620 W. First Ave. #2	Employer/Occupa unemploye	ed					Form (Cash, Check, etc.)	
1620 W. First Ave. #2 City Columbus OH	State OH	Zip Code 4	-3212	M	D	Y	Amount \$5.00	
Full Name of Contributor  Bob Fitrakis  Registration Number, if PAC						C		
Street Address	Employer/Occupa	tion/Labor Organ	nization	-			Form (Cash, Check, etc.)	
1021 E. Broad St.	Professor						cash	
City Columbus	State OH	Zip Code 43205		$\left  0^{\text{M}} \right  4 \left  2 \right $	2 2 1	1	Amount \$20.00	
ull Name of Contributor				Registration Number, if PAC				
Street Address	Employer/Occupa	tion/Labor Organ	nization *				Form (Cash, Check, etc.)	
City	State OH	Zip Code		М	D		Amount	
Full Name of Contributor	<del>-                                    </del>			Registratio	п Number,	if PA	C	
Street Address	Employer/Occupa	tion/Labor Organ	nization"	<u>.                                    </u>			Form (Cash, Check, etc.)	
City	State OH	Zip Code		M	D Y	7	Атоилт	
Full Name of Contributor	1 0	.		Registration	n Number,	if PA	С	
Street Address	Employer/Occupat	tion/Labor Organ	nization*	<u></u>			Form (Cash, Check, etc.)	
City	State OH	Zip Code		М	D Y		Amount	

Page Total \$85.00

<sup>\*</sup> 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)]