

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Green Party									
Full Name of Contributor Tekla Taylor-Legway						Registration Number, if PAC N/A			
Street Address 5100 Kingshill Drive			Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43229		M 0	D 4	Y 0	Y 2	Amount \$50.00
Full Name of Contributor Green Party of Ohio PAC						Registration Number, if PAC 1102			
Street Address 1188 Hope Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grandview Heights		State OH	Zip Code 43212		M 0	D 5	Y 0	Y 8	Amount \$25.00
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 5	Y 0	Y 8	Amount \$3.00
Full Name of Contributor Contributors of less than \$25						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City		State OH	Zip Code		M 0	D 6	Y 2	Y 6	Amount \$32.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	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)]