31-E R,C, 3517.10(B)

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

Event Date	
Page	

Name of Committee in Full		
Franklin County Green Party		
Full Name of Contributor Contributors of \$25 or less		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 1 0 1 6 1 0 \$7.00
City	Stafte Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Stafte Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta'te Zip Code OH	Form (Cash. Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City:	Sta¦ te Zip Code OH	Form (Cash, Cheek, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Stalte Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Starte Zip Code OH	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	State Zip Code	Form (Cash, Check, etc.)

fabor organization of which the employees are members. Fill in the boxes below only on the last page for this erransfer the Total contributions for this event to form in the date column.		No. 31-E" and list the da	te of the even
Total contributions this event	Total expenditures this event.		
\$0.00	\$0.00	Page Total \$	\$7.00
			

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