Statement of Contributions Received

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Day	-	-	
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Prescribed by Secretary of State 03/05

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Name of Committee in Full Franklin County Green Party							
Full Name of Contributor Connie Hammond	Registration Nu	Registration Number, if PAC NA					
Street Address 166 Acton Rd.	Employer/Occup Retired	Employer/Occupation/Labor Organization* Retired		-	Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M D 7 1 2	1 6	Amount \$25.00		
Fall Name of Contributor Regis Suzanne Patzer NA					Registration Number, if PAC		
Street Address 1021 E. Broad St.	Employer: Occupation/Labor Organization* Columbus State Community College/Admir			Form (Cash, Check, et nin Check			
City Coumbus	State OH	Zip Code 43205	0 8 0 1	1 6	Amount \$100.00		
Full Name of Contributor Jeremy Wehde	ımber, if P	ĀC					
Street Address 3036 Dunston Lane	Employer:Occupation/Labor Organization* Dart Transit / Truck driver			Form (Cash, Cash			
City Dayton	State OH	Zip Code 45424	0 8 0 9	1 6	Amount \$100.00		
Full Name of Contributor Jerry- Leard				Registration Number, if PAC NA			
Street Address 2287 Indiana	Employer/Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Codc 43202	1 0 1 1	1 6	Amount \$20.00		
Full Name of Contributor Suzanne Patzer	ımber, if P	AC .					
Street Address 1021 E. Broad St.	Employer/Occup Columbus S	e/Admin		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43205	1 0 2 2	1 6	Amount \$300.00		
Full Name of Contributor Jerry Leard	umber, if P	PAC					
Street Address 2287 Indiana	Employer: Occupation/Labor Organization* Retired				Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43202	1 2 1 3	1 6	Amount \$20.00		
Full Name of Contributor Registration Number, if I Robert J. Fitrakis NA							
Street Address 1021 E. Broad St.	Employer/Occupation/Labor Organization Columbus State Community College Professor				Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43205	M D 1 1 1 5	1 6	Amount \$150.00		
Full Name of Contributor Registration Number, if F							
Street Address	Form (Cash, Check, etc.)						
City	Stake OH	Zip Code	M D	Y	Amount		

Page Total \$715.00

^{*} 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)]