



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Franklin County Geen Party				
Full Name of Contributor Connie M. Hammond			Registration Number, if PAC N/A	
Street Address 166 Acton Road		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 02/13/2018	Amount 100.00
Full Name of Contributor Suzanne M. Patzer			Registration Number, if PAC N/A	
Street Address 1021 E. Broad St.		Employer/Occupation/Labor Organization* Education Administrator-Columbus State Comm Coll		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 03/09/2018	Amount 50.00
Full Name of Contributor Connie M. Hammond			Registration Number, if PAC N/A	
Street Address 166 Acton Rd.		Employer/Occupation/Labor Organization* Retired		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43205	Date (MM/DD/YYYY) 04/10/2018	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	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)]