

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Franklin County Green Party</b>							
Full Name of Contributor <b>Suzanne Patzer</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>1021 E. Broad St.</b>		Employer/Occupation/Labor Organization* <b>Education Administration</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>	M <b>0</b>	D <b>1</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Tekla Taylor-Lagway</b>					Registration Number, if PAC <b>N/A</b>		
Street Address <b>5100 Kingshill Dr.</b>		Employer/Occupation/Labor Organization* <b>Retired</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>	M <b>0</b>	D <b>1</b>	Y <b>1</b>	Amount <b>\$100.00</b>
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City		State	Zip Code	M	D	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)]