31-A
R.C. 3517.10

Page _____

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full
FRANKLIN COUNTY LIBERTARIAN PARTY

Full Name of Contributor	Registration Number, if PAC						
JOHN STEWART							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
855 BRYN MAWR							PAYPAL
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
GAHANNA	O | H	43230	0|4	1|9	1|5		35.52
Full Name of Contributor	**Registration Number, if PAC**						
MARK NOBLE							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
723 SPRINGS DR	ECOT						PAYPAL
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
COLUMBUS	O | H	43214	0|5	0|7	1|5		17.76
Full Name of Contributor	**Registration Number, if PAC**						
CHRIS HANCOCK							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6487 BIRCHVIEW DRIVE							PAYPAL
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
REYNOLDSBURG	O | H	43068	0|5	1|1	1|5		17.76
Full Name of Contributor	**Registration Number, if PAC**						
HAROLD THOMAS							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
80 VILLAMERE DR							PAYPAL
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
COLUMBUS	O | H	43213	0|5	2|0	1|5		5.00
Full Name of Contributor	**Registration Number, if PAC**						
MARK NOBLE							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
723 SPRINGS DR	ECOT						PAYPAL
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
COLUMBUS	O | H	43214	0|6	0|7	1|5		17.76
Full Name of Contributor	**Registration Number, if PAC**						
CHRIS HANCOCK							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6487 BIRCHVIEW DRIVE							PAYPAL
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
REYNOLDSBURG	O | H	43068	0|6	1|1	1|5		17.76
Full Name of Contributor	**Registration Number, if PAC**						
RICHARD KESSERLING							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
189 RAINSWEPT DR	ATT/TELECOM SPECIALIST						PAYPAL
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
GALLOWAY	O | H	43119	0|6	1|6	1|5		17.76
Full Name of Contributor	**Registration Number, if PAC**						
DAVE GORMAN							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1030 AUTUMN MEADOWS DR							PAYPAL
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
WESTERVILLE	O | H	43081	0|6	2|8	1|5		17.76

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total $ 147.08