Page 1	
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Statement of Contributions Received

Prescribed by Secretary of State 3/05

W 40 % 1 p.m							
Name of Committee in Full							
Franklin County Libertarian Party			In :				
	Tull Name of Contributor			Registration Number, if PAC			
Temsen O'Neill Street Address	le 1 6					In	
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
60 Arden Rd	Target/Logistics						
City	State	Zip Code	M	D	Y	Amount	
Columbus	101	43214		110		10.00	
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC .	
Mark Noble	-T			_			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
723 Springs Drive_	ECOT/Software Engineer						
City	State	Zip Code	M	. D	Y	Amount	
Columbus	1 0	4 43214			1 4	17.76	
Full Name of Contributor			Registr	ation Nur	nber, if PA	AC .	
Mark Noble	T						
Street Address	1 ' -	cupation/Labor Organization*				Form (Cash, Check, etc.)	
723 Springs Drive		/Software Enginee			_	<u> </u>	
Cúy	State	Zip Code	М	D	Y,	Amount	
<u>Columbus</u>	0 1	43214		2 1		17.76	
Full Name of Contributor			Registr	ation Nun	uber, if PA	AC .	
Mark Noble							
Street Address	1 1 1	cupation/Labor Organization*				Form (Cash, Check, etc.)	
723 Springs Drive		/Software Engineer					
City	State	Zip Code	M.	D	Y	Amount	
Columbus	$\frac{1}{1}$	¹ 43214	0 9			17.76	
Full Name of Contributor			Registr	ation Nur	nber, if PA	ıC	
S						To 10 10 1	
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)	
Cin.	· · · · ·	[2', c.).	T 14	T 5	1 1/		
City	State	Zip Code	M _.	D	Y	Amount	
Full Name of Contributor	<u> </u>		ID	1 1			
Full Name of Contributor			Kegisti	anou Ma	nber, if PA	ıc	
Street Address						En- (Coch Cheek etc.)	
eet Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)					Form (Cash, Check, etc.)		
City	State	Zip Code	I M	T D	Y	Amount	
City	State	Zip Code	"		1	Amoun	
Full Name of Contributor	1 !		Pariete	ntion Nur	nber, if PA		
Fill Name of Conditions			Kekisti	anon nu	illoci, ii r		
Street Address	Employer/Oc	cupation/Labor Organization*				Form (Cash, Check, etc.)	
Succe Addition	Linpioyenoe	copation cason organization				rom (casa, cacca, cac.)	
City	State	Zip Code	Ιм	D	ΙΥ	Amount	
Chy	1	12p code	"		1	, dispuis	
Full Name of Contributor Registration Number, if PAC					\C		
пштанк от сонывания пинцес, и гле							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
			(= 1 , 1 ====,				
City	State	Zip Code	М	D	Y	Amount	
	1 !				!	<u> </u>	

Page T	otal \$	63.28

^{*} 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)]