

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Libertarian Party - General Fund									
Full Name of Contributor Casey Borders						Registration Number, if PAC			
Street Address 2683 Hoover Crossing Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH		Zip Code 43213		M 0	D 1	Y 0	Amount \$17.76
Full Name of Contributor Mark Noble						Registration Number, if PAC			
Street Address 723 Springs Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City Columbus		State OH		Zip Code 43214		M 0	D 1	Y 2	Amount \$17.76
Full Name of Contributor Casey Borders						Registration Number, if PAC			
Street Address 2683 Hoover Crossing Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City Grove City		State OH		Zip Code 43213		M 0	D 2	Y 0	Amount \$17.76
Full Name of Contributor Mark Noble						Registration Number, if PAC			
Street Address 723 Springs Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City Columbus		State OH		Zip Code 43214		M 0	D 2	Y 2	Amount \$17.76
Full Name of Contributor Brian Naille						Registration Number, if PAC			
Street Address 1259 Broadview Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City Columbus		State OH		Zip Code 43212		M 0	D 2	Y 1	Amount \$10.00
Full Name of Contributor Casey Borders						Registration Number, if PAC			
Street Address 2683 Hoover Crossing Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City Grove City		State OH		Zip Code 43213		M 0	D 3	Y 0	Amount \$17.76
Full Name of Contributor Brian Naille						Registration Number, if PAC			
Street Address 1259 Broadview Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City Columbus		State OH		Zip Code 43212		M 0	D 3	Y 0	Amount \$10.00
Full Name of Contributor Mark Noble						Registration Number, if PAC			
Street Address 723 Springs Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City Columbus		State OH		Zip Code 43214		M 0	D 3	Y 2	Amount \$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 also appear. [R.C. 3517.10(B)(4)]