## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Frankiln County Libertarian Party	- General Fun	d						
Full Name of Contributor				Registration Number, if PAC				
Mark Noble								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
723 Springs Drive						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43214	1 0	2 2	1 2	L	17.76	
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC		
Brian Nialle								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1259 Broadview						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43212	110	3 0	1   2		10.00	
Full Name of Contributor		<u> </u>		tion Num		C		
Casev Borders								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)		
2683 Hoover Crossing Way						Check		
City	State	Zip Code	М	Ð	Y	Amount		
Grove City	OHI	43214	1 1	0 5	1 2		17.76	
Full Name of Contributor	10111	10-11		tion Num	<u>.                                      </u>	ıC	1	
Brian Nialle								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Chec	k, etc.)	
1259 Broadview						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43212	1111	1 3	1 2		10.00	
Full Name of Contributor	JOIT	10212		tion Num		sC	10.00	
Mark Noble			1.00					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Chec	k etc.)	
723 Springs Drive	, , , , , , , , , , , , , , , , , , ,	particular displacement of the				Check	,,	
City	State	Zip Code	М	D	Y	Amount	- ···-	
Columbus	OH	43214	111	$\begin{bmatrix} 2 \\ 0 \end{bmatrix}$	1 2		17.76	
Full Name of Contributor	OII	40214				·C	17.70	
Full Name of Contributor Registration Number, if PAC  Brian Nialle								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	ek etc.)	
1259 Broadview	Employer occupation Early Organization				Check			
City	State	Zip Code	М	D	Ý	Amount		
Columbus	OH	43212		2 5			10.00	
Full Name of Contributor	TOIT	40212		tion Num			10.00	
Casey Borders			Registra	ilion I van	ioci, ii i zi			
Street Address	Employer/Oces	mation/Labor Organization*				Form (Cash, Chec	ek etc.)	
2683 Hoover Crossing Way	Employer/Occupation/Labor Organization*					Check		
City City	State	Zíp Code	М	D	ΙΥ	Amount		
	OH I	43214	1 2	1	1 2		17.76	
Grove City Full Name of Contributor	TOIT	40414		tion Num			17.70	
Pull Name of Contributor			Registia	ICIOII IVIIII	ioci, u rz	ic		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
		_						
City	State	Zip Code	М	D	Y	Amount		
				1 +				
		1						

Page Total \$	101.04

<sup>\*</sup> 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)]