

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZENS FOR MARK NOBLE</b>				
Full Name of Contributor <b>JIM SCHRINER</b>		Employer, Occupation, Labor Organization * <b>BROAD &amp; JAMES TOWING</b>		Registration Number, if PAC
Street Address <b>3288 EAST BROAD ST</b>		Description of Item or Service <b>TRUCK FOR PARADE</b>		M   D   Y   Fair Market Value <b>0   6   1   8   1   1   69.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43213</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>FRANKLIN CTY LIBERTARIAN PARTY</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>1305 ISLAND BAY DRIVE</b>		Description of Item or Service <b>PARADE ENTRY/BOOTH</b>		M   D   Y   Fair Market Value <b>0   6   1   8   1   1   250.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43235</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>MARK NOBLE</b>		Employer, Occupation, Labor Organization * <b>ECOT/SOFTWARE ENG</b>		Registration Number, if PAC
Street Address <b>723 SPRINGS DRIVE</b>		Description of Item or Service <b>PARKING</b>		M   D   Y   Fair Market Value <b>0   6   2   0   1   1   8.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43214</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>MARK NOBLE</b>		Employer, Occupation, Labor Organization * <b>ECOT/SOFTWARE ENG</b>		Registration Number, if PAC
Street Address <b>723 SPRINGS DRIVE</b>		Description of Item or Service <b>TRAVEL/GAS</b>		M   D   Y   Fair Market Value <b>0   6   2   0   1   1   30.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43214</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>MARK NOBLE</b>		Employer, Occupation, Labor Organization * <b>ECOT/SOFTWARE ENG</b>		Registration Number, if PAC
Street Address <b>723 SPRINGS DRIVE</b>		Description of Item or Service <b>TRAVEL/GAS</b>		M   D   Y   Fair Market Value <b>0   6   2   7   1   1   30.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43214</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>FRANKLIN CTY LIBERTARIAN PARTY</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>1305 ISLAND BAY DRIVE</b>		Description of Item or Service <b>FESTIVAL BOOTH</b>		M   D   Y   Fair Market Value <b>0   6   2   7   1   1   25.00</b>
City <b>COLUMBUS</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43235</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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)]