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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	·						-
Frankiln County Libertarian Party	- Conoral Fur	nd					
Full Name of Contributor	- General i ui	iu	Registra	ttion Num	her if PA	C	
Brian Nialle			, toguste		, 1. 7 7 7		
Street Address	Employer/Occi	pation/Labor Organization*	_			Form (Cash, Chee	ck, etc.)
1259 Broadview						Check	,,
City	State	Zip Code	М	D	Y	Amount	
Columbus	OHI	43212	017	0 6	1   2		10.00
Full Name of Contributor	1			tion Num		С	10.00
Brian Nialle							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1259 Broadview						Check	
City City City City City City City City	State	Zip Code	M	D	Y	Amount	
Columbus	OHI	43212	0 7	2 0	1   2		10.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Mark Noble							
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Chec	ck, etc.)
723 Springs Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43214	0 7	2 0	1 2		17.76
Full Name of Contributor			Registra	ttion Num	ber, if PA	C	
Casey Borders							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
2683 Hoover Crossing Way				· · · · · · · · · · · · · · · · · · ·		Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43214		3 1	1 2		17.76
Full Name of Contributor			Registra	ition Num	ber, if PA	C	
Brian Nialle Street Address	In 1 /0					F (0.1.6)	1
	Employer/Occupation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
1259 Broadview	State	Zip Code	I M	D	ΙΥ	Check	
Columbus		43212	M	1		Amount	10.00
Full Name of Contributor	OH	43212		03 tion Num		C	10.00
Brian Nialle			Registra	idon (vain	oci, ii i A	C	
Street Address	FundayeriOcci	apation/Labor Organization*				Form (Cash, Chec	ck etc.)
1259 Broadview	isinipino) eti Gee	aparion subor organization				Check	JR, 610.)
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43212		1 7			10.00
Full Name of Contributor	CIT	10212		ition Num			10.00
Mark Noble			1				
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Chec	ck, etc.)
723 Springs Drive						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43214	018	2 0	1   2		17.76
Full Name of Contributor			Registra	ition Num	ber, if PA	С	
Casey Borders							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2683 Hoover Crossing Way						Check	
City	State	Zíp Code	M	D	Y	Amount	
Grove City	OH	43214	1018	3 0	1 2		17.76

Page Total \$	111.04

<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)]