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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 Fun	A						
Full Name of Contributor	- General Fun	lu	Registrat	Registration Number, if PAC				
Brian Nialle			Rogistian	1011 140111	001, 11 1 70	C		
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Chee	ck etc.)	
1259 Broadview	Employen occu	ipanois Easter Organización				Check	ck, cic.)	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43212	$0 \mid 5 \mid$	$0 \mid 1$	1 3	Аноши	10.00	
Full Name of Contributor					ber, if PA	С		
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		
Columbus	ОН	43123	0 5	0 2	1 3		17.76	
Full Name of Contributor					ber, if PA	С		
Brian Nialle								
Street Address	Employer/Occu	pation/Labor Organization*	-			Form (Cash, Chec	ck, etc.)	
1259 Broadview						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OHI	43212	0 5	1 5	1 3	l	10.00	
Full Name of Contributor	•	•			ber, if PA	C		
Mark Noble								
Street Address	Employer/Occi	pation/Labor Organization*				Form (Cash, Chec	ck, etc.)	
723 Springs Drive						Check	Check	
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43214	0 5	2 0	1 3		17.76	
Full Name of Contributor		•	Registrat	tion Num	ber, if PA	c		
Brian Nialle								
Street Address	Employer/Occi	pation/Labor Organization*	•			Form (Cash, Ched	ck, etc.)	
1259 Broadview						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43212	0 5	2 9	1 3		10.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC		
Casey Borders								
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)					
2683 Hoover Crossing Way						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43123	0 6	0 2	1 3		17. <u>76</u>	
Full Name of Contributor			Registra	tion Num	ber, if PA	vC.		
Brian Nialle								
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Che	ck, etc.)	
1259 Broadview								
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43212					10.00	
Full Name of Contributor	_		Registra	tion Num	ber, if PA	VC		
Mark Noble								
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Che	ck, etc.)	
723 Springs Drive					,	Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43214	0 6	2 0	1 3		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 appear. [R.C. 3517.10(B)(4)]

Page Total \$	111.04