## **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			Registration Number, if PAC	
Casey Borders				
Street Address	Employer/Occi	pation/Labor Organization*		Form (Cash, Check, etc.)
2683 Hoover Crossing Way				check
City Grove City	State OH	Zip Code 43123		Amount \$17.76
Full Name of Contributor Registration Number, if PAC Chris Hayhurst				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2728 Proclamation Way				money order
City	State	Zip Code	M D Y	Amount
Columbus	OH	43207	0 1 2 4 1 1	\$20.00
Full Name of Contributor	Registration Number, if P			AC
Chris Hayhurst				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
2728 Proclamation Way		·		money order
City Columbus	State OH	Zip Code 43207	0 1 2 4 1 1	Amount \$20.00
Full Name of Contributor	011		Registration Number, if P.	
Mark Noble			AC .	
Street Address	E-male use/Occ	pation/Labor Organization*		Form (Cash, Check, etc.)
723 Springs Dr	Employer/Ccct	pation tabor Organization		direct deposit
City	State	Zip Code	M D Y	Amount
Columbus	ОН	43214	0 1 2 5 1 1	\$17.76
Full Name of Contributor	······································	<u> </u>	Registration Number, if P.	AC
Casey Borders				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
2683 Hoover Crossing Way				
City	State	Zip Code	M D Y	Amount
Grove City	ОН	43123	0 2 0 1 1 1	\$17.76
Full Name of Contributor  Registration Number, if PAC  Mark Noble				
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)
723 Springs Dr	Cal	2: 0.1		direct deposit
City Columbus	State OH	Zip Code 43214	0 2 2 2 1 1	Amount \$17.76
Full Name of Contributor	1 011		Registration Number, if P.	1
Casey Borders				nc .
Street Address	Employet/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
2683 Hoover Crossing Way	Employerocci	quantilization Organization		check
City	State	Zip Code	M D Y	Amount
Grove City	ОН	43123	030311	\$17.76
Full Name of Contributor  Mark Noble  Registration Number, if PAC				
Street Address	Employer/Occu	pation/Labor Organization*	<del></del>	Form (Cash, Check, etc.)
723 Springs Dr	p.o.y ood			direct deposit
City	State	Zip Code	M D Y	Amount
Columbus	OH	43214	0 3 2 1 1 1	\$17.76

Page Total \$146.56

<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 also appear. [R.C. 3517.10(B)(4)]