

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 Casey Borders						Registration Number, if PAC			
Street Address 2683 Hoover Crossing Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 0	4	1	1	Amount \$17.76
Full Name of Contributor Mark Noble						Registration Number, if PAC			
Street Address 723 Springs Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) direct deposit		
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 2	0	1	1	Amount \$17.76
Full Name of Contributor Casey Borders						Registration Number, if PAC			
Street Address 2683 Hoover Crossing Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 1	D 1	Y 0	5	1	1	Amount \$17.76
Full Name of Contributor Mark Noble						Registration Number, if PAC			
Street Address 723 Springs Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) direct deposit		
City Columbus	State OH	Zip Code 43214	M 1	D 1	Y 2	1	1	1	Amount \$17.76
Full Name of Contributor John Stewart						Registration Number, if PAC			
Street Address 855 Bryn Mawr Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Gahanna	State OH	Zip Code 43230	M 1	D 1	Y 2	3	1	1	Amount \$5.00
Full Name of Contributor Bob Bridges						Registration Number, if PAC			
Street Address 2724 Christina Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43231	M 1	D 1	Y 2	3	1	1	Amount \$5.00
Full Name of Contributor Mark Noble						Registration Number, if PAC			
Street Address 723 Springs Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus	State OH	Zip Code 43214	M 1	D 1	Y 2	3	1	1	Amount \$4.00
Full Name of Contributor David Howell						Registration Number, if PAC			
Street Address 1305 Island Bay Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43235	M 1	D 1	Y 2	3	1	1	Amount \$50.00

* 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)]

Page Total **\$135.04**