

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full FRANKLIN COUNTY LIBERTARIAN PARTY							
Full Name of Contributor MARK NOBLE					Registration Number, if PAC		
Street Address 723 SPRINGS DRIVE		Employer/Occupation/Labor Organization* ECOT/SOFTWARE ENGINEER			Form (Cash, Check, etc.) BANKCARD		
City COLUMBUS	State O H	Zip Code 43214	M 1 0	D 2 0	Y 1 4	Amount 17.76	
Full Name of Contributor MARK NOBLE					Registration Number, if PAC		
Street Address 723 SPRINGS DRIVE		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City COLUMBUS	State O H	Zip Code 43214	M 1 1	D 2 0	Y 1 4	Amount 17.76	
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Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
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Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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)]