Page	2

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
	C 1F	1						
Frankiln County Libertarian Party	<i>r</i> - General Fun	a				<u> </u>		
Full Name of Contributor	Registration Number, if			ber, if PA	C			
Brian Nialle								
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
1259 Broadview						Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43212	0 8	3   1	1   2		10.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	.c		
Temsen O'Neill			_					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
60 Arden Road						Check		
City	State	Zip Code	М	D	Y	Amount	_	
Columbus	OHI	43214	0 9	1     4	1   2		50.00	
Full Name of Contributor			Registra	ion Num	ber, if PA	C		
Brian Nialle								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
1259 Broadview						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43212	0 9	1   4	1   2		10.00	
Full Name of Contributor					ber, if PA	С		
Mark Noble								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)	
723 Springs Drive						Check		
City	State	Zip Code	М	Đ	Y	Amount		
Columbus	ОН	43214	019	2 0	1   2		17.76	
Full Name of Contributor		10211			ber, if PA	C	17.70	
Brian Nialle								
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, Che	ck. etc.)	
1259 Broadview	' '	1				Check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43212	019	i .	l .		10.00	
Full Name of Contributor	10111	40212			ber, if PA	C	10.00	
Casey Borders			i (Cg) su u					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Che	ck etc.)	
2683 Hoover Crossing Way	Employer Occupation Page 1 or gamization							
City	State	Zip Code	М	D	Y	Check		
Grove City	OH	43214			1 2	3	17.76	
Full Name of Contributor	1011	10211			ber, if PA		17.70	
Brian Nialle			1102.5		,			
Street Address	Employer/Occ	upation/Labor Organization*	L			Form (Cash, Che	ock etc.)	
1259 Broadview	maployer/Cecupation/Labor Crgamzation*					Check		
Cin-	State	Zip Code	М	D	Y	Amount		
1 *	OH	1 <sup>-</sup>			1 2		10.00	
Columbus Full Name of Contributor	JUN I	43212			∤ I i ∠ ber, if PA		10.00	
i on radic of Controlity			vefizna	"ON 14MI)	ious, ti FA			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
Sucer Addiess	Linployer/Occi	Employer/Occupation/Labor Organization*			Com (Cash, Che	er, cic.)		
Cin.	Ctoto	Zip Code	1.4	Ð	Y	Amount		
City	State	Zip Code	M		\ '_	AMORIIL		
					L	ł		

Page Total \$	125.52

<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)]