Page	1
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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	C 1E	•						
Frankiln County Libertarian Party	y - General Fun	ıd	n					
Full Name of Contributor			Registration Number, if PAC					
Casey Borders								
Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Che	ck, etc.)	
2683 Hoover Crossing Way						Check		
City	State	Zip Code	М	D	Y	<b>Атоши</b>		
Columbus	OH	43123	0 1	0 2	1 3		17.76	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Brian Nialle								
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
1259 Broadview						Check		
City	State	Zip Code	М	D	Y	Атоши		
Columbus	OH	43212	$0 \mid 1$	0 9	1 3		10.00	
Full Name of Contributor	•			_	ber, if PA	C	•	
Mark Noble								
Street Address	Employer/Occa	ipation/Labor Organization*				Form (Cash, Che	ck, etc.)	
723 Springs Drive		, , , , , , , , , , , , , , , , , , ,				Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43214	0 1	2 2	1 3		17.76	
Full Name of Contributor	CII	10211			ber, if PA	C	17,70	
Brian Nialle					,			
Street Address	Employer/Occi	ipation/Labor Organization*	<u> </u>			Form (Cash, Che	ck etc.)	
1259 Broadview	Employen ecol	pation Eabor Organization				rvim (cush, che	ж, ос.,	
City	State	Zip Code	Тм	T D	ΙΥ	Amount		
Columbus	OH	43212	0 1		1 3	7 tittowit	10.00	
Full Name of Contributor	OH	43212	1012		LII∂ ber, if PA	<u> </u>	10.00	
			Kegisua	ikai ivuii	uei, ii FA	C		
Casey Borders Street Address	F1/O	ti/I shar Ossasiastias#				Cook Cha	-al \	
	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
2683 Hoover Crossing Way		· la: o l		T 15	1	Check		
City	State	Zip Code	M	D	Y	Amount	1777	
Columbus Full Name of Contributor	OH	43123	0 2		1 3	<u></u>	17.76	
			Registra	tion Num	ber, if PA	.C		
Brian Nialle								
Street Address	Employer/Occo	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
1259 Broadview								
City	State	Zip Code	M	D	Y	Amount		
Columbus	OH	43212			1 3		10.00	
Full Name of Contributor			Registra	ition Num	ber, if PA	C		
Brian Nialle								
Street Address	Employer/Occi	.pation/Labor Organization*				Form (Cash, Che	eck, etc.)	
1259 Broadview								
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43212	0 2	2 0	1 3		10.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	Ċ		
Mark Noble								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
723 Springs Drive						Check		
City	State	Zip Code	М	D	Y	∧mount		
Columbus	OH	43214	0 2	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