Statement of Contributions Received

Prescribed by Secretary of State 3/05

No. 100 Control of the Control						···
Name of Committee in Full	4 N T D 4 D TD (
FRANKLIN COUNTY LIBERTARIA	AN PARTY					
Full Name of Contributor	Registration Number, if P				iber, if PA	vC
MARK NOBLE		<u> </u>				
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
723 SPRINGS DRIVE	ECOT					CHECK
City	State	Zip Code	M	D	Y	Amount
COLUMBUS	ОН	43214	0 5	210	1 4	17.76
Full Name of Contributor		•	Registra	ution Nun	iber, if PA	i.C
TEMSEN ONEILL			1 .			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
60 ARDEN ROAD	TARGET					CASH
City	State	Zip Code	М	D	Y	Amount
COLUMBUS	O H	43214	016	119	1 4	10.00
Full Name of Contributor	Registration Number, if PA					
MARK NOBLE						
Street Address	Employer/Occup	pation/Labor Organization*	<u> </u>	•		Form (Cash, Check, etc.)
723 SPRINGS DRIVE						CHECK
City	State	Zip Code	М	D	ΤΥ	Amount
COLUMBUS	ОТН	43214	016	1210	114	17.76
Full Name of Contributor		10214			iber, if PA	
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
	Lampio, cir occu,	anon and or organization				rour (casi, cace, cac.)
City	State	Zip Code	М	D	ΙΥ	Amount
Cuy	ا	Zip cou	"	1	1 '	Alloun
Full Name of Contributor			Paristra	tion Num	ber, if PA	<u> </u>
run Name of Commodos			Registra	mon tem	wa, u rz	
Communication of the communica	le 1 10					E- (C-1 C1-1)
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
		Te: o :	Т.,	1 2	 -	<u></u>
City	State	Zip Code	M	l D	Y	Amount
				<u> </u>		
Full Name of Contributor Registration Number, if PAC						
	•					<u>.</u>
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
		_				
City	State	Zip Code	M	D	Y	Amount
			ļ			
Full Name of Contributor			Registra	ation Nun	ober, if PA	.C
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
					1 1	
Full Name of Contributor Registration Number, if PAC						vC
j l						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
l	' ' '					
City	State	Zip Code	М	D	Y	Amount
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<u> </u>						· · · · · · · · · · · · · · · · · · ·

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 \$	45.52