

FILED
13 OCT 23 AM 9:05
Statement of Contributions Received
at a Social or Fundraising Event

BOARD OF ELECTIONS
Prescribed by Secretary of State 3/05

Name of Committee in Full Franklin County Libertarian Party				
Full Name of Contributor Danielle Stout			Registration Number, if PAC	
Street Address 4339 Grays March Dr	Employer/Occupation/Labor Organization* Ohio Health/Web Specialis		M D Y 0 6 1 9 1 3	Amount 15.00
City Columbus	State O H	Zip Code 43230	Form (Cash, Check, etc) Check	
Full Name of Contributor Kent Williams			Registration Number, if PAC	
Street Address 684 Riverwiew Dr 120	Employer/Occupation/Labor Organization* OSU/Grad Student		M D Y 0 6 1 9 1 3	Amount 20.00
City Columbus	State O H	Zip Code 43202	Form (Cash, Check, etc) Cash	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc)	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

189.00

Total expenditures this event

217.80

Page Total \$ 35.00