31-A-2
R.C. 3517.10(B)

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Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full: FRANKLIN COUNTY LIBERTARIAN PARTY

Full Name	Address	City	Type*	State	Zip Code	Registration Number, if PAC	Date (M/D/Y)	Amount	Form (Cash, Check, etc)
COOKS BALLOONERY	320 S STATE ST	WESTERVILLE	RE	OH	43081		06/25/15	83.80	CHECK
US BANK	PO BOX 1800	ST. PAUL	IN	MN	55101		06/30/15	0.02	BANK INT
MARK NOBLE	723 SPRINGS ROAD	COLUMBUS	LN	OH	43214		04/11/15	29.00	
MARK NOBLE	723 SPRINGS ROAD	COLUMBUS	LN	OH	43214		05/11/15	29.00	
MARK NOBLE	723 SPRINGS ROAD	COLUMBUS	LN	OH	43214		06/11/15	29.00	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total $ 170.82