Page	1_	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Franklin County Libertarian Party - Ge	enerai	runc	<u> </u>	la .		1 1000		
				Kegistra	tton Nun	iber, if PA	C	
John Stewart							I	
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Check	κ, e tc.)
855 BRYN MAWR DRIVE	<u> </u>						Cash	
City	St	ate	Zip Code	M	D	Y	Amount	
GAHANNA	10	H	43230	0 1	1 5	1 4		20.00
Full Name of Contributor				Registra	tion Num	iber, if PA	.c	
Bob Bridges								
Street Address	Employe	т/Оссира	ation/Labor Organization*				Form (Cash, Checl	k, etc.)
1578 WINDSONG DRIVE							Cash	
City	St	ate	Zip Code	М	D	Y	Amount	
COLUMBUS	10	Н	43056	0 1	115	1 4	l	9.00
Full Name of Contributor						ber, if PA	.c	
Dave Gorman								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check	k. etc.)
1030 AUTUMN MEADOWS DRIVE	1 . ,	•					Cash	7,
City	St	ate	Zip Code	М	D	Ιγ	Amount	
WESTERVILLE	10	H	43081	0 1	1 5	1 .		5.00
Full Name of Contributor	T O		1 45001			ber, if PA		5.00
Mark Noble				Registra	шоп мш	ioei, ii FA	·C	
IVIATK INODIE Street Address	Īr1	-10	Al-Makan Oiii	_			Form (Cash, Checl	
	Employe	п/Оссира	ation/Labor Organization*					<i>ι</i> , eτc.)
723 SPRINGS DRIVE			In a .			1	Check	
City		ate	Zip Code	M	D	Y	Amount	
COLUMBUS		Н	43214	0 1	2 1	1 4	<u> </u>	17.76
Full Name of Contributor Registration Number, if PAC								
Brian Niall								
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check	k, etc.)
1259 BROADVIEW							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
COLUMBUS	0	H	43212	0 1	311	1 4		10.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.C	
Brian Niall								
Street Address	Employe	т/Оссира	ation/Labor Organization*	-			Form (Cash, Check	k, etc.)
1259 BROADVIEW							Check	
City	St	ate	Zip Code	М	D	Y	Amount	
COLUMBUS	0	H	43212	012	1114	1 4		10.00
Full Name of Contributor	1 5	<u>' </u>	10212			ber, if PA		10.00
Mark Noble						•		
Street Address	Employe	r/Occurs	ation/Labor Organization*				Form (Cash, Checl	k etc.)
1	Lampioye	лоссира	MODELLON Organization				Check	ς ειε.,
723 SPRINGS DRIVE	<u> </u>	ate	Zip Code	М	D	Y	Amount	
COLUMBUC	١ ـ	ate H	=			1	Alloui	177/
COLUMBUS	0	111	43214	0 2				17.76
Full Name of Contributor Registration Number, if PAC								
Street Address	Employe	7/Occur	ation/Labor Organization*				Form (Cash, Chec	k. etc.)
Justice i manifest	1		Davi O panenton					,,
Civ.			Zin Code	114	Ιρ	Y	Amount	
City	51	ate I	Zip Code	M	D	1 1	THE SHIP	
L		ļ			<u> </u>			

Page Total \$	89.52

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)]