

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Franklin County Libertarian Party - General Fund							
Full Name of Contributor Casey Borders					Registration Number, if PAC		
Street Address 2683 Hoover Crossing Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43123	M 0	D 3	Y 0	Amount 17.76	
Full Name of Contributor Brian Nialle					Registration Number, if PAC		
Street Address 1259 Broadview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 3	Y 0	Amount 10.00	
Full Name of Contributor Mark Noble					Registration Number, if PAC		
Street Address 723 Springs Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 0	D 3	Y 0	Amount 17.76	
Full Name of Contributor Brian Nialle					Registration Number, if PAC		
Street Address 1259 Broadview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 3	Y 0	Amount 10.00	
Full Name of Contributor Casey Borders					Registration Number, if PAC		
Street Address 2683 Hoover Crossing Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43123	M 0	D 4	Y 0	Amount 17.76	
Full Name of Contributor Brian Nialle					Registration Number, if PAC		
Street Address 1259 Broadview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 4	Y 0	Amount 10.00	
Full Name of Contributor Brian Nialle					Registration Number, if PAC		
Street Address 1259 Broadview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43212	M 0	D 4	Y 1	Amount 10.00	
Full Name of Contributor Mark Noble					Registration Number, if PAC		
Street Address 723 Springs Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 0	D 4	Y 2	Amount 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)]