

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Franklin County Libertarian Party (General)</b>													
Full Name of Contributor <b>David Gorman</b>							Registration Number, if PAC						
Street Address <b>1030 Autumn Meadows Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>e-check</b>						
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43081</b>		M <b>08</b>		D <b>06</b>		Y <b>16</b>		Amount <b>16.94</b>	
Full Name of Contributor <b>David Gorman</b>							Registration Number, if PAC						
Street Address <b>1030 Autumn Meadows Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>e-check</b>						
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43081</b>		M <b>09</b>		D <b>06</b>		Y <b>16</b>		Amount <b>16.94</b>	
Full Name of Contributor <b>David Gorman</b>							Registration Number, if PAC						
Street Address <b>1030 Autumn Meadows Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>e-check</b>						
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43081</b>		M <b>10</b>		D <b>06</b>		Y <b>16</b>		Amount <b>16.94</b>	
Full Name of Contributor <b>David Gorman</b>							Registration Number, if PAC						
Street Address <b>1030 Autumn Meadows Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>e-check</b>						
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43081</b>		M <b>11</b>		D <b>06</b>		Y <b>16</b>		Amount <b>16.44</b>	
Full Name of Contributor <b>David Gorman</b>							Registration Number, if PAC						
Street Address <b>1030 Autumn Meadows Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>e-check</b>						
City <b>Westerville</b>		State <b>OH</b>		Zip Code <b>43081</b>		M <b>12</b>		D <b>06</b>		Y <b>16</b>		Amount <b>16.94</b>	
Full Name of Contributor <b>David Howell</b>							Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>check</b>						
City		State <b>OH</b>		Zip Code		M <b>07</b>		D <b>25</b>		Y <b>16</b>		Amount <b>100.00</b>	
Full Name of Contributor							Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	
Full Name of Contributor							Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State		Zip Code		M		D		Y		Amount	

\* 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 also appear. [R.C. 3517.10(B)(4)]