

# FOR PAPER FILING ONLY

## Statement of Contributions Received

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Prescribed by Secretary of State 03/05

|                                                                               |  |                    |                                         |  |                |                                           |                |                         |  |
|-------------------------------------------------------------------------------|--|--------------------|-----------------------------------------|--|----------------|-------------------------------------------|----------------|-------------------------|--|
| Name of Committee in Full<br><b>Franklin County Libertarian Party of Ohio</b> |  |                    |                                         |  |                |                                           |                |                         |  |
| Full Name of Contributor<br><b>David Howell</b>                               |  |                    |                                         |  |                | Registration Number, if PAC               |                |                         |  |
| Street Address<br><b>1305 Island Bay Dr</b>                                   |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>check</b>  |                |                         |  |
| City<br><b>Columbus</b>                                                       |  | State<br><b>OH</b> | Zip Code<br><b>43235</b>                |  | M<br><b>06</b> | D<br><b>16</b>                            | Y<br><b>17</b> | Amount<br><b>200.00</b> |  |
| Full Name of Contributor<br><b>David Gorman</b>                               |  |                    |                                         |  |                | Registration Number, if PAC               |                |                         |  |
| Street Address<br><b>1030 Autumn Meadows Dr</b>                               |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Paypal</b> |                |                         |  |
| City<br><b>Westerville</b>                                                    |  | State<br><b>OH</b> | Zip Code<br><b>43081</b>                |  | M<br><b>07</b> | D<br><b>06</b>                            | Y<br><b>17</b> | Amount<br><b>16.94</b>  |  |
| Full Name of Contributor<br><b>David Gorman</b>                               |  |                    |                                         |  |                | Registration Number, if PAC               |                |                         |  |
| Street Address<br><b>1030 Autumn Meadows Dr</b>                               |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Paypal</b> |                |                         |  |
| City<br><b>Westerville</b>                                                    |  | State<br><b>OH</b> | Zip Code<br><b>43081</b>                |  | M<br><b>06</b> | D<br><b>06</b>                            | Y<br><b>17</b> | Amount<br><b>16.94</b>  |  |
| Full Name of Contributor<br><b>David Gorman</b>                               |  |                    |                                         |  |                | Registration Number, if PAC               |                |                         |  |
| Street Address<br><b>1030 Autumn Meadows Dr</b>                               |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Paypal</b> |                |                         |  |
| City<br><b>Westerville</b>                                                    |  | State<br><b>OH</b> | Zip Code<br><b>43081</b>                |  | M<br><b>05</b> | D<br><b>06</b>                            | Y<br><b>17</b> | Amount<br><b>16.94</b>  |  |
| Full Name of Contributor<br><b>David Gorman</b>                               |  |                    |                                         |  |                | Registration Number, if PAC               |                |                         |  |
| Street Address<br><b>1030 Autumn Meadows Dr</b>                               |  |                    | Employer/Occupation/Labor Organization* |  |                | Form (Cash, Check, etc.)<br><b>Paypal</b> |                |                         |  |
| City<br><b>Westerville</b>                                                    |  | State<br><b>OH</b> | Zip Code<br><b>43081</b>                |  | M<br><b>04</b> | D<br><b>06</b>                            | Y<br><b>17</b> | Amount<br><b>16.94</b>  |  |
| Full Name of Contributor<br><b>David Gorman</b>                               |  |                    |                                         |  |                | Registration Number, if PAC               |                |                         |  |
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| City<br><b>Westerville</b>                                                    |  | State<br><b>OH</b> | Zip Code<br><b>43081</b>                |  | M<br><b>03</b> | D<br><b>06</b>                            | Y<br><b>17</b> | Amount<br><b>16.94</b>  |  |
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| City<br><b>Westerville</b>                                                    |  | State<br><b>OH</b> | Zip Code<br><b>43081</b>                |  | M<br><b>02</b> | D<br><b>06</b>                            | Y<br><b>17</b> | Amount<br><b>16.94</b>  |  |
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| City<br><b>Westerville</b>                                                    |  | State<br><b>OH</b> | Zip Code<br><b>43081</b>                |  | M<br><b>01</b> | D<br><b>06</b>                            | Y<br><b>17</b> | Amount<br><b>16.94</b>  |  |

\* 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)]

Page Total

**301.64**