

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

10 JUL 12 PM 1:49

Full Name of Committee Franklin County Libertarian Party - General Fund						Registration Number, if PAC FRANKLIN COUNTY BOARD OF ELECTIONS				
Full Name of Candidate										
Street Address 1305 Island Bay Dr				Office Sought			District			
City Columbus						State OH	Zip Code 43235			
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input checked="" type="checkbox"/>	Semiannual 2010
Amended Report?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Report Electronically Filed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Date of Election	M	D	Y	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$1,146.15
2. Total monetary contributions (From Form No. 31-A)	\$	\$412.00
3. Total other income (From Form No. 31-A-2)	\$.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,558.15
5. Total monetary expenditures (From Form No. 31-B)	\$	\$350.00
6. Balance on hand (line 4 minus line 5)	\$	\$1,208.15
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$.
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$.
9. Outstanding loans owed by committee (From Form No. 31-C)	\$.
10. Outstanding debts owed by committee (From Form No. 31-N)	\$.
11. Outstanding loans owed to committee (From Form No. 31-K)	\$.
12. Value of independent expenditures made (From Form No. 31-U)	\$.
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$.

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

David Howell - Treasurer

07/09/2010

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages 2

Expenditure pages 1

Other pages 1

Total pages 4

Statement of Contributions Received

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Name of Committee in Full Franklin County Libertarian Party - General Fund									
Full Name of Contributor Libertarian Party of Ohio							Registration Number, if PAC		
Street Address 2586 Tiller Ln, Ste 2K				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43207		M 0	D 1	Y 0	Amount \$33.82	
Full Name of Contributor Miscellaneous -under \$25							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City		State OH	Zip Code		M 0	D 2	Y 1	Amount \$98.78	
Full Name of Contributor David Howell							Registration Number, if PAC		
Street Address 1305 Island Bay Dr				Employer/Occupation/Labor Organization* Nationwide			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43235		M 0	D 2	Y 1	Amount \$25.00	
Full Name of Contributor Chris Hayhurst							Registration Number, if PAC		
Street Address 2728 Proclamation Way				Employer/Occupation/Labor Organization* Morgan Stanley			Form (Cash, Check, etc.) Money Order		
City Columbus		State OH	Zip Code 43207		M 0	D 3	Y 1	Amount \$20.00	
Full Name of Contributor Chris Hayhurst							Registration Number, if PAC		
Street Address 2728 Proclamation Way				Employer/Occupation/Labor Organization* Morgan Stanley			Form (Cash, Check, etc.) Money Order		
City Columbus		State OH	Zip Code 43207		M 0	D 3	Y 1	Amount \$20.00	
Full Name of Contributor Chris Hayhurst							Registration Number, if PAC		
Street Address 2728 Proclamation Way				Employer/Occupation/Labor Organization* Morgan Stanley			Form (Cash, Check, etc.) Money Order		
City Columbus		State OH	Zip Code 43207		M 0	D 3	Y 1	Amount \$20.00	
Full Name of Contributor Libertarian Party of Ohio							Registration Number, if PAC		
Street Address 2586 Tiller Ln, Ste 2K				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43231		M 0	D 3	Y 1	Amount \$33.82	
Full Name of Contributor Libertarian Party of Ohio							Registration Number, if PAC		
Street Address 2586 Tiller Ln, Ste 2K				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43231		M 0	D 3	Y 1	Amount \$33.82	

* 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)]

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Libertarian Party - General Fund											
Full Name of Contributor Miscellaneous -under \$25							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash				
City		State OH	Zip Code		M 0	D 3	Y 2	Y 5	Y 1	Y 0	Amount \$16.00
Full Name of Contributor Libertarian Party of Ohio							Registration Number, if PAC				
Street Address 2586 Tiller Ln, Ste 2K				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check				
City Columbus		State OH	Zip Code 43231		M 0	D 4	Y 0	Y 7	Y 1	Y 0	Amount \$50.76
Full Name of Contributor Chris Hayhurst							Registration Number, if PAC				
Street Address 2728 Proclamation Way				Employer/Occupation/Labor Organization* Morgan Stanley			Form (Cash, Check, etc.) Money Order				
City Columbus		State OH	Zip Code 43207		M 0	D 4	Y 0	Y 7	Y 1	Y 0	Amount \$20.00
Full Name of Contributor Miscellaneous - under \$25							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash				
City		State OH	Zip Code		M 0	D 4	Y 2	Y 2	Y 1	Y 0	Amount \$20.00
Full Name of Contributor Miscellaneous -under \$25							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash				
City		State OH	Zip Code		M 0	D 4	Y 2	Y 2	Y 1	Y 0	Amount \$7.00
Full Name of Contributor Miscellaneous -under \$25							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash				
City		State OH	Zip Code		M 0	D 6	Y 2	Y 4	Y 1	Y 0	Amount \$13.00
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	Y	Amount
Full Name of Contributor							Registration Number, if PAC				
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City		State OH	Zip Code		M	D	Y	Y	Y	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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Libertarian Party - General Fund								
To Whom Paid David Howell					M	D	Y	Amount \$200.00
Address 1305 Island Bay Dr					Purpose outreach material re-imbursements			
City Columbus		State OH	Zip Code 43235	Check Number 1014				
To Whom Paid Community Festival					M	D	Y	Amount \$25.00
Address PO Box 7167					Purpose Application Fee - Comfest			
City Columbus		State OH	Zip Code 43205	Check Number 1015				
To Whom Paid Community Festival					M	D	Y	Amount \$125.00
Address PO Box 7167					Purpose Volunteer Deposit			
City Columbus		State OH	Zip Code 43205	Check Number 1016				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				
To Whom Paid					M	D	Y	Amount
Address					Purpose			
City		State OH	Zip Code	Check Number				