

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Franklin County Libertarian Party				
Full Name of Contributor Michael Johnston			Registration Number, if PAC	
Street Address 5956 McJessy Dr	Employer/Occupation/Labor Organization* Teleperformance/Develop		M D Y 0 6 1 9 1 3	Amount 70.00
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check	
Full Name of Contributor Temsen J Oneill			Registration Number, if PAC	
Street Address 60 Arden Road	Employer/Occupation/Labor Organization*		M D Y 0 6 1 8 1 3	Amount 10.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Paypal	
Full Name of Contributor Various small donations			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 6 1 9 1 3	Amount 109.00
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
189.00

Total expenditures this event
217.80

Page Total \$ 189.00