## **In-Kind Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR CARRIER			·	<u> </u>			
Full Name of Contributor ANDY TEATER	Employer, Occup	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address 3837 DAYSPRING DR		Description of Item or Service VIDEO/ADVERTISING		D Y	Fair Market Value 7 \$400.00		
City HILLIARD	Sta te OH	Zip Code 43026	Received at Fundraising Event?  O YES  O NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization*			Registration Number, if PAC		
Street Address	Description of Ite	Description of Item or Service		D	Fair Market Value		
City	State OH	Zip Code	Received at Fundraising Event?  O YES  O NO				
Full Name of Contributor	Employer. Occup	Employer. Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Ite	m or Service	M D Y Fair Market Value				
City	Sta te OH	Zip Code	Received	d at Fundraisir	g Event?		
Full Name of Contributor	Employer, Occup	pation, Labor Organization*	Registration Number, if PAC				
Street Address	Description of Ite	m or Service	M D Y Fair Market Value				
City	Sta te OH	Zip Code	Received at Fundraising Event?  O YES  NO				
Full Name of Contributor	Employer, Occup	Employer. Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Ite	em or Service	M	D Y	Fair Market Value		
City	Stal te OH	Zip Code	Received at Fundraising Event?				
Full Name of Contributor		pation, Labor Organization*	O YES O NO Registration Number, if PAC				
Street Address	Description of He	Description of Item or Service		D Y	Fair Market Value		
City	Sta te OH	Zip Code	Received	d at Fundraisi	ng Event?		
Full Name of Contributor	Employer, Occu	pation, Labor Organization*					
Street Address	Description of Ite	Description of Item or Service		D Y	Fair Market Value		
City	Stalte OH	Zip Code	Received at Fundraising Event?  O YES  O NO				
Full Name of Contributor	Employer, Occu	Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service M D Y Fair Market Value		Fair Market Value			
City	Sta te OH	Zip Code	Receive	d at Fundraisi. S	ng Event?		

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]