

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR CARRIER</b>													
Full Name of Contributor <b>ANGELA RADER</b>						Registration Number, if PAC							
Street Address <b>5604 GREYSTONE LN</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>HILLIARD</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43026</b>		M <b>0</b>		D <b>3</b>		Y <b>0 6 1 7</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>MICHAEL GILLOTTI</b>						Registration Number, if PAC							
Street Address <b>3864 DAYSPRING DR</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>HILLIARD</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43026</b>		M <b>0</b>		D <b>3</b>		Y <b>0 4 1 7</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>KELLY URSE</b>						Registration Number, if PAC							
Street Address <b>3535 PATCON WAY</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>HILLIARD</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43026</b>		M <b>0</b>		D <b>3</b>		Y <b>0 3 1 7</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>JANET STEITZ</b>						Registration Number, if PAC							
Street Address <b>4370 DUBLIN RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>COLUMBUS</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43221</b>		M <b>0</b>		D <b>3</b>		Y <b>0 3 1 7</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>MICHAEL VEDRA</b>						Registration Number, if PAC							
Street Address <b>4267 SHIRE LANDING RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>HILLIARD</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43026</b>		M <b>0</b>		D <b>2</b>		Y <b>1 8 1 7</b>		Amount <b>\$100.00</b>	
Full Name of Contributor <b>DOUGLAS B ROSS</b>						Registration Number, if PAC							
Street Address <b>4373 SHIRE CREEK CT</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>HILLIARD</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43026</b>		M <b>0</b>		D <b>2</b>		Y <b>2 0 1 7</b>		Amount <b>\$60.00</b>	
Full Name of Contributor <b>PETER MARSH</b>						Registration Number, if PAC							
Street Address <b>3563 GOLDENROD ST</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>HILLIARD</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43026</b>		M <b>0</b>		D <b>2</b>		Y <b>2 1 1 7</b>		Amount <b>\$50.00</b>	
Full Name of Contributor <b>CHRISTINE DESANTI</b>						Registration Number, if PAC							
Street Address <b>3680 SATURN RD</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>CHECK</b>						
City <b>HILLIARD</b>		State <b>OH</b> <input checked="" type="checkbox"/>		Zip Code <b>43026</b>		M <b>0</b>		D <b>2</b>		Y <b>1 7 1 7</b>		Amount <b>\$100.00</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)]