

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR CARRIER									
Full Name of Contributor DALE MCVEY							Registration Number, if PAC		
Street Address 4198 MAYSTAR WAY				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD		State OH <input checked="" type="checkbox"/>		Zip Code 43026		M 0 D 2 Y 2		Amount \$25.00	
Full Name of Contributor TIMOTHY RYAN							Registration Number, if PAC		
Street Address 4896 BRIKSTON DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD		State OH <input checked="" type="checkbox"/>		Zip Code 43026		M 0 D 2 Y 1		Amount \$20.00	
Full Name of Contributor BRIAN WILSON							Registration Number, if PAC		
Street Address 3847 RIVER CROSSING DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD		State OH <input checked="" type="checkbox"/>		Zip Code 43026		M 0 D 3 Y 0		Amount \$50.00	
Full Name of Contributor C STANLEY WILLIS II							Registration Number, if PAC		
Street Address 5945 HAMPTON CORNERS N				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD		State OH <input checked="" type="checkbox"/>		Zip Code 43026		M 0 D 3 Y 1		Amount \$50.00	
Full Name of Contributor EDWARD SARKEL							Registration Number, if PAC		
Street Address 4734 RIVER RUN DR				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD		State OH <input checked="" type="checkbox"/>		Zip Code 43026		M 0 D 3 Y 1		Amount \$100.00	
Full Name of Contributor DIANE MCGLINCHEY							Registration Number, if PAC		
Street Address 4789 AUGUSTUS CT				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD		State OH <input checked="" type="checkbox"/>		Zip Code 43026		M 0 D 3 Y 2		Amount \$25.00	
Full Name of Contributor KATHRYN KOOP							Registration Number, if PAC		
Street Address 8445 AUGUSTA LN				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HOLLAND		State OH <input checked="" type="checkbox"/>		Zip Code 43528		M 0 D 3 Y 3		Amount \$50.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH <input checked="" type="checkbox"/>		Zip Code		M D 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)]