

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR CARRIER				
Full Name of Contributor CONTRIBUTIONS RECEIVED \$25 OR LESS		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
		0	3	0
City	State	Zip Code	Amount	
			210.00	
Form(Cash,Check,etc)				
Full Name of Contributor PATRICIA BINGHAM		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
6072 TRAFALGAR LN	SALES	0	3	0
City	State	Zip Code	Amount	
DUBLIN	O H	43016	50.00	
Form(Cash,Check,etc)		CHECK		
Full Name of Contributor CAROLE GILLIGAN		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
4845 BRIXTON RD	HONDA	0	3	0
City	State	Zip Code	Amount	
HILLIARD	O H	43026	100.00	
Form(Cash,Check,etc)		CHECK		
Full Name of Contributor CAROLE ANN YARBROUGH		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
7818 WESTCROFT DR	RETIRED	0	3	0
City	State	Zip Code	Amount	
SYLVANIA	O H	43560	500.00	
Form(Cash,Check,etc)		CHECK		
Full Name of Contributor LARRY EARMAN		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
4369 SHIRE CREEK CT	ACCOUNTANT	0	3	0
City	State	Zip Code	Amount	
HILLIARD	O H	43026	200.00	
Form(Cash,Check,etc)		CHECK		
Full Name of Contributor DANIEL YATES		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
4703 TAYLOR BLAIR RD		0	3	0
City	State	Zip Code	Amount	
LONDON	O H	43140	100.00	
Form(Cash,Check,etc)		CHECK		
Full Name of Contributor SUZANNE SZUL		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2923 BACK BAY DR		0	3	0
City	State	Zip Code	Amount	
MAUMEE	O H	43537	100.00	
Form(Cash,Check,etc)		CHECK		

* 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

Total expenditures this event

Page Total \$ 1,260.00