In-Kind Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR CARRIER		
Full Name of Contributor FRANK L CARRIER JR	Employer, Occupation, Labor Or	Organization* Registration Number, if PAC
Street Address 4394 SHIRE CREEK CT	Description of Item or Service SUPPLIES FOR PA	
City HILLIARD	Sta' te	Received at Fundraising Event? OYES NO
Full Name of Contributor	Employer, Occupation, Labor Or	Organization* Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code OH	Received at Fundraising Event? OYES NO
Full Name of Contributor	Employer, Occupation, Labor Or	Organization* Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal te Zip Code OH	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupation, Labor Or	Organization* Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal te Zip Code OH	Received at Fundraising Event? OYES NO
Full Name of Contributor	Employer, Occupation, Labor Or	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	Received at Fundraising Event? OYES NO
Full Name of Contributor	Employer, Occupation, Labor Or	
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Stal to Zip Code OH	Received at Fundraising Event? O YES NO
Full Name of Contributor	Employer, Occupation, Labor Or	Organization* Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	Sta te Zip Code OH	Received at Fundraising Event? OYES NO
Full Name of Contributor	Employer, Occupation, Labor Or	Organization* Registration Number, if PAC
Street Address	Description of Item or Service	M D Y Fair Market Value
City	State Zip Code OH	Received at Fundraising Event? OYES O NO

^{*} 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)]