

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR CARRIER									
Full Name of Contributor TOTAL CONTRIBUTIONS FROM FORM 31-E							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 0 3 0 8 1 7		Amount \$800.00
Full Name of Contributor SARAH SCHROEDER							Registration Number, if PAC		
Street Address 3830 BRAIDWOOD DRIVE			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD			State OH <input checked="" type="checkbox"/>		Zip Code 43026		M D Y 0 2 2 0 1 7		Amount \$50.00
Full Name of Contributor LARRY EARMAN							Registration Number, if PAC		
Street Address 4369 SHIRE CREEK CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD			State OH <input checked="" type="checkbox"/>		Zip Code 43026		M D Y 0 2 2 7 1 7		Amount \$200.00
Full Name of Contributor PATRICIA ROONEY BURGER							Registration Number, if PAC		
Street Address 5941 HAYDEN RUN RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD			State OH <input checked="" type="checkbox"/>		Zip Code 43026		M D Y 0 3 0 1 1 7		Amount \$75.00
Full Name of Contributor BARBARA CASH							Registration Number, if PAC		
Street Address 4689 PRESTIGE LN			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD			State OH <input checked="" type="checkbox"/>		Zip Code 43026		M D Y 0 3 0 1 1 7		Amount \$50.00
Full Name of Contributor MICHAEL DELVERNE							Registration Number, if PAC		
Street Address 6029 GLENBAUGH DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City SYLVANIA			State OH <input checked="" type="checkbox"/>		Zip Code 43560		M D Y 0 3 0 7 1 7		Amount \$25.00
Full Name of Contributor TRACY KOVALCHIK							Registration Number, if PAC		
Street Address 3940 KUL CIRCLE N			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD			State OH <input checked="" type="checkbox"/>		Zip Code 43026		M D Y 0 3 0 7 1 7		Amount \$50.00
Full Name of Contributor HILLIARD DRY CLEANERS INC							Registration Number, if PAC		
Street Address 3984 MAIN ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK		
City HILLIARD			State OH <input checked="" type="checkbox"/>		Zip Code 43026		M D Y 0 3 0 6 1 7		Amount \$200.00

* 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)]