

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CITIZENS FOR CARRIER</b>				
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M    D    Y	Amount
			<b>0   3   0   2   1   3</b>	<b>1,455.00</b>
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M    D    Y	Amount
			<b>0   4   0   4   1   3</b>	<b>300.00</b>
Full Name of Contributor <b>FRANK L. CARRIER, JR.</b>			Registration Number, if PAC	
Street Address <b>4394 SHIRE CREEK CT</b>		Employer/Occupation/Labor Organization* <b>EPS</b>		Form (Cash, Check, etc.) <b>CASH</b>
City <b>HILLIARD</b>	State <b>O   H</b>	Zip Code <b>43026</b>	M    D    Y <b>0   1   2   9   1   3</b>	Amount <b>100.00</b>
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M    D    Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M    D    Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	M    D    Y	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	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 appear. [R.C. 3517.10(B)(4)]