

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 DAVID S. MEEKS		Registration Number, if PAC		
Street Address 5520 KINVARRA CT.	Employer/Occupation/Labor Organization* 	M D Y 0 4 0 5 1 3	Amount 50.00	
City DUBLIN	State Zip Code O H 43016	Form(Cash,Check,etc) CHECK		
Full Name of Contributor GLEN A. DUGGER		Registration Number, if PAC		
Street Address 37 W BROAD ST	Employer/Occupation/Labor Organization* SMITH & HALE LLC	M D Y 0 3 1 9 1 3	Amount 50.00	
City COLUMBUS	State Zip Code O H 43215	Form(Cash,Check,etc) CHECK		
Full Name of Contributor FAYE OWENS		Registration Number, if PAC		
Street Address 4442 SHIRE CREEK CT	Employer/Occupation/Labor Organization* 	M D Y 0 4 1 0 1 3	Amount 50.00	
City HILLIARD	State Zip Code O H 43026	Form(Cash,Check,etc) CHECK		
Full Name of Contributor DANIEL OBRIEN		Registration Number, if PAC		
Street Address 1173 MCCLEARY CT	Employer/Occupation/Labor Organization* 	M D Y 0 3 2 4 1 3	Amount 50.00	
City COLUMBUS	State Zip Code O H 43235	Form(Cash,Check,etc) CHECK		
Full Name of Contributor MINDY WATKINS		Registration Number, if PAC		
Street Address 3984 MAIN ST	Employer/Occupation/Labor Organization* HILLIARD DRY CLEANER	M D Y 0 3 2 9 1 3	Amount 100.00	
City HILLIARD	State Zip Code O H 43026	Form(Cash,Check,etc) CHECK		
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount	
City	State Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M D Y	Amount	
City	State Zip Code	Form(Cash,Check,etc)		

* 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 \$ 300.00

300.00

425.67