

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS FOR CARRIER				
Full Name of Contributor HEATHER YARBROUGH-CARRIER		Employer, Occupation, Labor Organization * NATIONWIDE		Registration Number, if PAC
Street Address 4394 SHIRE CREEK CT		Description of Item or Service STATIONARY/CARDS		M D Y Fair Market Value 0 4 0 2 1 3 10.66
City HILLIARD		State O H	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor HEATHER YARBROUGH-CARRIER		Employer, Occupation, Labor Organization * NATIONWIDE		Registration Number, if PAC
Street Address 4394 SHIRE CREEK CT		Description of Item or Service STATIONARY/CARDS		M D Y Fair Market Value 0 4 0 2 1 3 21.33
City SYLVANIA		State O H	Zip Code 43560	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor HEATHER YARBROUGH-CARRIER		Employer, Occupation, Labor Organization * NATIONWIDE		Registration Number, if PAC
Street Address 4394 SHIRE CREEK CT		Description of Item or Service LABELS		M D Y Fair Market Value 0 4 0 2 1 3 28.82
City HILLIARD		State O H	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor FRANK CARRIER, JR		Employer, Occupation, Labor Organization * EPS SETTLEMENT		Registration Number, if PAC
Street Address 4394 SHIRE CREEK CT		Description of Item or Service FOOD/CAMPAIGN WORK		M D Y Fair Market Value 0 4 1 3 1 3 77.81
City HILLIARD		State O H	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor FRANK CARRIER, JR		Employer, Occupation, Labor Organization * EPS SETTLEMENT		Registration Number, if PAC
Street Address 4394 SHIRE CREEK CT		Description of Item or Service FOOD/CAMPAIGN WORK		M D Y Fair Market Value 0 4 1 7 1 3 86.49
City HILLIARD		State O H	Zip Code 43026	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]