## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
CITIZENS FOR CARRIER								
Full Name of Contributor		<u> </u>	In	57 1	·cn.			
			Registration Number, if PAC					
LIBBY GIERACH	F 1 60					<u> </u>		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check	, etc.)	
3585 SKIPSTONE PL						CHECK		
City	State	Zip Code	M	Đ	Y	Amount		
COLUMBUS	ОН	43221	0 5	0 1	1 3		75.00	
Full Name of Contributor			Registratio	on Numbe	r, if PA	VC		
CONTRIBUTIONS REC'D \$25 OR LES	SS							
Street Address	Employer/Occu	pation/Labor Organization*	•			Form (Cash, Check	, etc.)	
						CHECK		
City	State	Zip Code	M	D	Y	Amount		
			0 5	0 1	1 3		25.00	
Full Name of Contributor			Registration			C	20.00	
STUART HARRIS			"					
Street Address	Employer/Occu	pation/Labor Organization*			_	Form (Cash, Check	etc )	
4634 BRIDLE PATH LANE	Employer/occupanion basis organization					,	, e.c.,	
City	Cease	7:- C-1-		Б.	.,	CASH		
1 *	State	Zip Code	M	D	Y	Amount		
DUBLIN Full Name of Contributor	Он	43017			1 3		40.00	
			Registratio	on Numbe	r, if PA	iC.		
BIA BUILD PAC OF CENTRAL OHIC								
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	, etc.)	
495 EXECUTIVE CAMPUS DR						CHECK		
City	State	Zip Code	M	Đ	Y	Amount		
WESTERVILLE	о н	43082	0 5	0 2	1 3	l:	250.00	
Full Name of Contributor			Registratio	on Numbe	r, if PA	vC .		
COMMITTEE TO ELECT DONALD S	CHONHA	RDT						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	, etc.)	
5307 FRANKLIN ST						CHECK		
City	State	Zip Code	М	D	Y	Amount		
HILLIARD	ОН	43026	0 4	3 0	1 3	1	500.00	
Full Name of Contributor		15020			_		300.00	
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Osen	pation/Labor Organization*	<u> </u>			Form (Cash, Check	ato \	
Succi Admess	Employer/Occu	pation/22001 Organization				rom (casa, caeck	, (11.)	
l <sub>a.</sub>		<b>"</b> • • •		_				
City	State	Zip Code	М	D	Y	Amount		
ull Name of Contributor			Registration Number, if PAC					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check,	, etc.)	
City	State	Zîp Code	M	Ð	Y	Amount		
1						]		
Full Name of Contributor					Registration Number, if PAC			
}								
Street Address	Employer/Occupation/Labor Organization*		L			Form (Cash, Check	etc.)	
		-						
City	State	Zip Code	М	Đ	Y	Amount		
	<del>-</del>	•	•					

<sup>•</sup> 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)]