

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR CARRIER									
Full Name of Contributor MICHAEL MCCLOUD							Registration Number, if PAC		
Street Address 3608 DOCKSIDE CT				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD		State OH		Zip Code 43026		M 0		D 4	
						Y 1		Amount \$25.00	
Full Name of Contributor NANCY CARRIER							Registration Number, if PAC		
Street Address 1707 SR 131				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City MILFORD		State OH		Zip Code 45150		M 0		D 4	
						Y 1		Amount \$100.00	
Full Name of Contributor JOSEPH MARTIN							Registration Number, if PAC		
Street Address 8601 MORRIS RD				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CHECK	
City HILLIARD		State OH		Zip Code 43026		M 0		D 4	
						Y 1		Amount \$100.00	
Full Name of Contributor RICHARD POTTS							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH	
City		State OH		Zip Code		M 0		D 4	
						Y 1		Amount \$99.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		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 OH		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 OH		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 OH		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 also appear. [R.C. 3517.10(B)(4)]