

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 ROGER LAVELLE		Registration Number, if PAC		
Street Address 4442 PRAIRIE PINE CT	Employer/Occupation/Labor Organization*	M D Y 0 3 0 2 1 3	Amount 50.00	
City HILLIARD	State Zip Code O H 43026	Form(Cash,Check,etc) CASH		
Full Name of Contributor BRETT MCQUADE		Registration Number, if PAC		
Street Address 3260 LILY MAR CT	Employer/Occupation/Labor Organization*	M D Y 0 3 0 2 1 3	Amount 100.00	
City DUBLIN	State Zip Code O H 43017	Form(Cash,Check,etc) CASH		
Full Name of Contributor CHRISTOPHER HARTLE		Registration Number, if PAC		
Street Address 4885 VICKSBURG LANE	Employer/Occupation/Labor Organization*	M D Y 0 3 0 2 1 3	Amount 45.00	
City HILLIARD	State Zip Code O H 43026	Form(Cash,Check,etc) CASH		
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)		
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 \$ 195.00

1,455.00

888.79