

# In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>CITIZENS FOR CARRIER</b>							
Full Name of Contributor <b>JENN SCALLY</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address <b>3100 DEER CREEK DR</b>		Description of Item or Service <b>MAGNETS</b>		M	D	Y	Fair Market Value <b>\$222.79</b>
City <b>LAMBERTVILLE</b>		Sta te <b>MI</b> <input type="checkbox"/>	Zip Code <b>48144</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Full Name of Contributor <b>FRANK CARRIER</b>		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
Street Address <b>4394 SHIRE CREEK CT</b>		Description of Item or Service <b>OFFICE SUPPLIES</b>		M	D	Y	Fair Market Value <b>\$157.88</b>
City <b>HILLIARD</b>		Sta te <b>OH</b> <input type="checkbox"/>	Zip Code <b>43026</b>	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> 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		Sta te <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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		Sta te <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> 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		Sta te <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			
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Street Address		Description of Item or Service		M	D	Y	Fair Market Value
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Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC			
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City		Sta te <b>OH</b>	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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)]