

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full CITIZENS FOR CARRIER					
Full Name of Contributor MARIA FERGUSON				Registration Number, if PAC	
Street Address 2657 CARIFA DR	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0817
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) CHECK		Amount \$50.00
Full Name of Contributor TIMOTHY GILLIGAN				Registration Number, if PAC	
Street Address 4845 BRIKSTON DRIVE	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0817
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) CHECK		Amount \$100.00
Full Name of Contributor CATHERINE MCQUADE				Registration Number, if PAC	
Street Address 3260 LILLY MAR CT	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0817
City DUBIN	State OH	Zip Code 43017	Form (Cash, Check, etc.) CHECK		Amount \$100.00
Full Name of Contributor JEFFREY BUNDY				Registration Number, if PAC	
Street Address 5606 EDIE DR	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0817
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) CHECK		Amount \$50.00
Full Name of Contributor SHANNON LEIS				Registration Number, if PAC	
Street Address 454 E MAIN ST STE 260	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0817
City COLUMBUS	State OH	Zip Code 43215	Form (Cash, Check, etc.) CHECK		Amount \$150.00
Full Name of Contributor JENNIFER HARVIE				Registration Number, if PAC	
Street Address 4325 JENYDAWN PL	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0817
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) CHECK		Amount \$50.00
Full Name of Contributor STEPHEN VARGO				Registration Number, if PAC	
Street Address 4129 STONERROOT DR	Employer/Occupation/Labor Organization*		M 0	D 3	Y 0817
City HILLIARD	State OH	Zip Code 43026	Form (Cash, Check, etc.) CHECK		Amount \$50.00

* 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)]

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.

\$0.00

\$0.00

Page Total \$ 550.00