

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee CITIZENS FOR CARRIER									
From Whom Received FRANK CARRIER & HEATHER YARBROUGH-CARRIER						Prior Amount		Amt. Incurred this Period	
Address 4394 SHIRE CREEK CT.								2,900.00	
City HILLIARD State OH Zip Code 43026								Outstanding Balance	
								2,900.00	
Date Loan was originally Incurred 0 2 1 3 1 3						Loans Received This Period Date 0 2 1 3 1 3		Amount 500.	
Registration Number, if PAC						0 2 1 5 1 3		2400.	
Employer/Occupation/Labor Organization* EPS/NATIONWIDE INSURANCE									
From Whom Received						Prior Amount		Amt. Incurred this Period	
Address								Outstanding Balance	
City State Zip Code						Loans Received This Period Date		Payments This Period Date	
Date Loan was originally Incurred 0 2 1 3 1 3						0 2 1 3 1 3		0 2 1 3 1 3	
Registration Number, if PAC						0 2 1 5 1 3		0 2 1 5 1 3	
Employer/Occupation/Labor Organization*									
From Whom Received						Prior Amount		Amt. Incurred this Period	
Address								Outstanding Balance	
City State Zip Code						Loans Received This Period Date		Payments This Period Date	
Date Loan was originally Incurred 0 2 1 3 1 3						0 2 1 3 1 3		0 2 1 3 1 3	
Registration Number, if PAC						0 2 1 5 1 3		0 2 1 5 1 3	
Employer/Occupation/Labor Organization*									
From Whom Received						Prior Amount		Amt. Incurred this Period	
Address								Outstanding Balance	
City State Zip Code						Loans Received This Period Date		Payments This Period Date	
Date Loan was originally Incurred 0 2 1 3 1 3						0 2 1 3 1 3		0 2 1 3 1 3	
Registration Number, if PAC						0 2 1 5 1 3		0 2 1 5 1 3	
Employer/Occupation/Labor Organization*									

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

1 Total prior amount \$ 0.00

2 Total received this period \$ 2,900.00 (To Form No. 31-A-2)

3 Total Payments this Period \$ 0.00 (also record on Form 31-B)

4 Total Outstanding Balance \$ 2,900.00 (To Form No. 30-A)