Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee										_		
CITIZENS FOR CARR	TER											
From Whom Received	11.11								Prior An	ount		Amt. Incurred this Period
FRANK CARRIER & F	HFA1	THER Y	/ A R I	BROLL	GH-C	ARR	IER			.oun		2,900.00
Address	1	· · · ·			O	· · · · · · · · · · · · · · ·	11211			44.40		Outstanding Balance
4394 SHIRE CREEK C	Γ.											2,900.00
City		Zip Code		Loai	ıs Receiv	ed This l	Period				Paym	ents This Period
	ОН	43026			Date			Amount		Date		Amount
Date Loan was originally	M	Ð	Y	М	D	Y	s		М	D	Y	\$
Incurred ¹	0 2	1 3	1 3	0 2	1 3	1 3		500.				
Registration Number, if PAC				М	Đ	Y			M	D	Y	
				0 2	1 5	1 3		2400.				
Employer/Occupation/Labor Organization*	OT 170			М	D	Y			М	D	Y	
EPS/NATIONWIDE IN	SUR	ANCE								-		
From Whom Received									Prior An	ount		Amt. Incurred this Period
Address								i	ABA BATA		in the second	1
Address										or E		Outstanding Balance
City	State	Zip Code							TO 12 187	**	B. C. Mark	
City	Biate	Zip Code		Loai	is Receiv Date	ed This I	Period	Amount		Date	Paym	ents This Period
Date, Loan was originally	M	D	Y	м	Date	Y	ls	Amount	М	Date D	Y	Amount I∝
Încurred		D	•	l '''	J	•	3		IVI	D	1	.5
Registration Number, if PAC				м	D	Y			М	D	Y	
,					2	•				D	,	
Employer/Occupation/Labor Organization*				м	D	Y			М	D	Y	
										2	•	
From Whom Received				•					Prior An	ount		Amt, Incurred this Period
Address									3 80 2 7	MILE!	p of Cit	Outstanding Balance
									32.	4	1 12 12	
City	State	Zip Code		Loai	is Receiv	ed This I	Period				Paym	ents This Period
					Date		_	Amount		Date		Amount
Date Loan was originally	M	D	Y	M	D	Y	S		M	D	Y	\$
Incurred												
Registration Number, if PAC				M	D	Y			М	D	Y	
Grand and the control of the control				l	_							
Employer/Occupation/Labor Organization*				М	D	Y			М	D	Y	
				L								

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 S	2,900.00	(To Form No. 30-A)

^{*} 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 omnore 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)