

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 2,900.00		Amt. Incurred this Period 2,500.00	
Address 4394 SHIRE CREEK CT.						Outstanding Balance 5,400.00			
City HILLIARD	State O	Zip Code H 43026	Loans Received This Period			Payments This Period			
Date Loan was originally Incurred			Date			Date		Amount	
M D Y			M D Y			M D Y		\$	
0 2 1 3 1 3			0 4 2 5 1 3			M D Y		1500.	
Registration Number, if PAC			M D Y			M D Y		1000.	
0 5 0 1 1 3			M D Y			M D Y			
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			Payments This Period			
Date Loan was originally Incurred			Date			Date		Amount	
M D Y			M D Y			M D Y		\$	
Registration Number, if PAC			M D Y			M D Y			
Employer/Occupation/Labor Organization*			M D Y			M D Y			

From Whom Received						Prior Amount		Amt. Incurred this Period	
Address						Outstanding Balance			
City	State	Zip Code	Loans Received This Period			Payments This Period			
Date Loan was originally Incurred			Date			Date		Amount	
M D Y			M D Y			M D Y		\$	
Registration Number, if PAC			M D Y			M D Y			
Employer/Occupation/Labor Organization*			M D Y			M D Y			

* 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 \$	2,900.00	
2 Total received this period \$	2,500.00	(To Form No. 31-A-2)
3 Total Payments this Period \$	0.00	(also record on Form 31-B)
4 Total Outstanding Balance \$	5,400.00	(To Form No. 30-A)