## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

				1	rtescribeat	by Secret	any or	States/05				
Full Name of Committee												
CITIZENS FOR CARI	RIER	<del>-</del>										
From Whom Received FRANK CARRIER & HEATHER YARBROUGH-CARRIER								Prior Amount			Amt. Incurred this Period	
	HEA.	THER	YAR.	<u> RKOL</u>	JGH-C	<u> ARI</u>	<u>KIE</u>	R		5,4	.00.00	700.00
Address												Outstanding Balance
4394 SHIRE CREEK C												6,100.00
City	State	Zip Code		Loa	ns Receive	d This Pe	eriod		Payı			ments This Period
HILLIARD	OH	43020	6	<u> </u>	Date			Amount	Date			Amount
Date Loan was originally	М	D	Υ.	M	D	Y	\$		M	D	Y	\$
Incurred	0 2	1 3	1 3	0   7	2 8	1 6	6	700.00		Ì	1 .	
Registration Number, if PAC				М	D:	Y	1		M	D	Y	
				1	}	1	1	0.		1	1	
Employer/Occupation/Labor Organization*			-	М	D	Y	1		М	D	Y	1
EPS					1		1		:			1
From Whom Received					<del></del>				Prior Ar	nount		Amt. Incurred this Period
Address											-	Outstanding Balance
City	State	Zip Code		Los	ne Docoive	d This Pa	ariod				Pav	ments This Period
			Loans Received This Period  Date Amount						Da		Amount	
Date Loan was originally	М	D	Y	М	D	Y	S		М	D.	Y	Ts .
Incurred		-			-		ľ					
Registration Number, if PAC			ـــنــــــــــــــــــــــــــــــــــ	M	D	Y.	┰		М	D	Y	
regulator/value, #1740				1111	1	'			141		1 .	
Employer/Occupation/Labor Organization*				M	D	Y	+-		М	D	Y	<del> </del>
Employer/Occupation/Lador Organization				IVI		1			101		1 '	
F Whom Danier I						L	┷		Deion A.		<u> </u>	Amt, Incurred this Period
From Whom Received									Prior Ai	посиц		Ant. Included this Period
												0
Address												Outstanding Balance
	<del></del> -	Tar a .										· · · · · · · · · · · · · · · · · · ·
City State Zip Code			Loa	ns Receive	ed This P	eriod		j		•	ments This Period	
		<u> </u>		<u> </u>	Date			Amount		Da		Amount
Date Loan was originally	M	D	Y	M	D	Y	\$		М	D	Y	\$
Incurred			<u> </u>									<u> </u>
Registration Number, if PAC				M	D.	Y	Ţ		М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y	T		М	D	Y	
l											L	
* Required for contributions over \$100 to statewi	ide and gen	eral asseml	bly candida	tes. If contr	ibutor is sel	f-employe	ed.occ	unation and the name of the in	dividual's	business.		

If a loan is for given, write "For given" 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 \$	5,400.00		
2	Total received this period\$	0.0	00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.0	00	(also record on Form 31-E
4	Total Outstanding Balance \$	6,100.0	00	(To Form No. 30-A)

<sup>\*</sup> 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 ormore 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)