

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee FRIENDS OF JEFF CARSON													
From Whom Received JEFFREY CARSON						Prior Amount \$1,500.00		Amt. Incurred this Period 0					
Address 7487 MORSE RD.						[REDACTED]		Outstanding Balance FORGIVEN					
City NEW ALBANY		St. ate OH	Zip Code 43054					Loans Received This Period Date Amount		Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
									03	30	10	336.39	
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						[REDACTED]		Outstanding Balance					
City		St. ate OH	Zip Code					Loans Received This Period Date Amount		Payments This Period Date Amount			
Date Loan was originally Incurred		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						[REDACTED]		Outstanding Balance					
City		St. ate OH	Zip Code					Loans Received This Period Date Amount		Payments This Period Date Amount			
Date Loan was originally Incurred		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 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)]

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 Outstanding Balance to the Cover page (Form No. 30-A).

- 1 Total prior amount \$ \$0.00 1500.00
- 2 Total received this period \$ \$0.00 (To Form No. 31-A-2)
- 3 Total payments this period \$ \$0.00 336.39 (To Form No. 31-B)
- 4 Total Outstanding Balance \$ \$0.00 (To Form No. 30-A)