Statement of Loans Received

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Prescribed by Secretary of State 3/05

				110301100	a by sec	actary of	. State 3/03		and the second section of the section o	NINOSAN PRILIDADA		
Full Name of Committee Committee to Re-Elect Leal	h Turno	r										
	ii iuine	1	elyspania en myentojiplymbling									
From Whom Received Lawrence G. Turner,									amount		Amt. Incurred this Period \$0.45	
Address 225 Highland Street					- · ·						Outstanding Balance \$0.45	
City Canal Winchester,	St ate OH	Zip Code 43110		Loans Received This Period Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	o 7	1 7	0 9	о ^м 7	1 7	У 0 9	\$ \$0.45	М	D	Y	\$	
Registration Number, if PAC				М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
From Whom Received								Prior A	Amount		Amt. Incurred this Period	
Address											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				М	D	Y		М	D	Y		
Employer/Occupation/Labor Organization*			М	D	Y		М	D	Y			
From Whom Received				1		1 :		Prior A	Amount		Amt. Incurred this Period	
Address											Outstanding Balance	
City	St ate OH	Zip Code		r	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		· · · · · · · · · · · · · · · · · · ·		М	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y		
* Required for contributions from ind the individual's business, if any, rath labor organization of which the emp	ner than er	nployer sh	ould be li	isted. If t	wo or m	ore emp	oloyees contribute	ntributor is so via payroll d	elf-employ eduction a	ed, the o	ccupation and the name of the aggregate of \$100,	

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		
² Total received this period \$\$	0.45	To Form No. 31-A-2)
³ Total payments this period \$	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$0.45	(To Form No. 30-A)