Statement of Loans Received

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Prescribed by Secretary of State 3/05

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Full Name of Committee Committee to Re-Elect Lea	ıh Turne	er									
From Whom Received Lawrence G. Turner,											Amt. Incurred this Period \$320.25
Address 225 Highland Street											Outstanding Balance \$320.25
^{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	м 0 9	D 1 8	0 9	м 0 9	1 8	Y 0 9	\$ \$320.25	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 Lawrence G. Turner					· · · · · · · · · · · · · · · · · · ·				nount		Amt. Incurred this Period \$93.50
Address 225 Highland Street											Outstanding Balance \$93.50
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	о ^м 9	0 4	0 9	м 0 9	0 4	у 0 9	\$ \$93.50	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 Lawrence G. Turner								Prior Amount			Amt. Incurred this Period \$30.00
Address 225 Highland Street											Outstanding Balance \$30.00
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	м 0 7	D 2 8	0 9	м 0 7	D 2 8	У 0 9	\$ \$30.00	M	D	Y	\$
Registration Number, if PAC				М	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*				М	D	Y		М	D	Y	
* Required for contributions from in-	dividuale	wer \$100	to statewi	le and or	eneral as	sembly	candidates If contrib	utor is self	-employe	d the oc	cupation and the name of

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 \$	\$443.75	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance \$	\$443.75	(To Form No. 30-A)

^{*} 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)]