

## **Statement of Loans Received**

Full Name of Committee  COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE  From Whom Received  CALVIN L PEEPLES  Address  6401 STOLL LANE  City  CINCINNATI  Date  State  CINCINNATI  Date  Date  Date  M  D  Y  From Whom Received  Address  City  State  City  State
From Whom Received CALVIN L PEEPLES  Address 6401 STOLL LANE  City CINCINNATI O H 45236 Date CINCINNATION O H 45236 DATE CINCINNATIO
CALVIN L PEEPLES
Address 6401 STOLL LANE  City State Zip Code O H 45236 Date Amount Date Amount Date Amount  Registration Number, if PAC  City State Zip Code O State Zip Code Date Amount Date Amount Date Amount  City State Zip Code Date Amount Date Amount Date Amount  City State Zip Code Date Amount Date Amount  Date Date Amount Date Amount Date Amount  City State Zip Code Date Amount Date Amount  Date Date Amount Date Amount  City State Zip Code Date Amount  City State Zip Code Date Amount  Date Date Amount  Date Amount  City State Zip Code Date Amount  Date Date Amount  Date Date Amount  Date Date Amount  Date Date Amount
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CINCINNATI O H 45236 Date Amount Date Amount  Date Form was originally M D Y M D Y S M D Y S Incurred 1
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Registration Number, if PAC  M D Y  Employer/Occupation/Labor Organization*  M D Y  M D Y  From Whom Received  Address  City  State Zip Code Loans Received This Period Date  Amount  Date Amount  Date Amount  Date Amount  Date Amount  Registration Number, if PAC  M D Y  M D Y  M D Y  M D Y  Amount  Payments This Period Date  Amount  Date Amount  Date Amount  Date Amount  M D Y  M D Y  S  M D Y  S  M D Y  M D M D Y  M D M D M D M D  M D M D M D  M D M D
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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 Amount Date Amount
Date Loan was originally M D Y M D Y S M D Y \$
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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 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)

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 \$	7,500.00	
2	Total received this period \$	0.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B
4	Total Outstanding Balance \$	7,500.00	(To Form No. 30-A)