## 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 Elect Andrea	Peeple	s for Juc	lge									
From Whom Received Calvin Peeples								Prior Amount \$18,000.00			Amt. Incurred this Period \$0.00	
Address 6401 Stoll Lane											Outstanding Balance \$18,000.00	
City Cincinnati	St ate OH	Zip Code 45236		<b>Loans Received This Period</b> Date Amount					Payments This Period Date Amount			
Date Loan was originally Incurred	0 3	1 6	0 5	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC				M	D	Y			M	D	Y	
Employer/Occupation/Labor Organization	1*			M	D	Y			М	D	Y	
From Whom Received				<u>L</u>					Prior Amount			Amt. Incurred this Period
Address					***************************************							Outstanding Balance
City	St ate OH	Zip Code		Loans Received This Period  Date Amount				Period Amount	Payments This Period Date Amount			
Date Loan was originally Incurred	М	D	Y	М	D	Y	\$		M	D	Y	\$
Registration Number, if PAC				М	D	Y			М	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y			М	D	Y		
From Whom Received									Prior Am	ount		Amt. Incurred this Period
Address												Outstanding Balance
City	St ate OH	Zip Code			Loan Pate	s Recei	ed This	Period Amount		I Date	ayments	This Period Amount
Date Loan was originally Incurred	М	D	<b>Y</b> :	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC			М	D.	Y			M	D	Y		
Employer/Occupation/Labor Organization*			M	D	Y			M	D	Y		
* Required for contributions from inc	dividuals c	ver \$100 t	o statewic	le and ge	eneral as	sembly	candic	lates. If contribu	itor 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).

<sup>1</sup> Total prior amount \$\$18,	000.00	
<sup>2</sup> Total received this period \$	\$0.00	(To Form No. 31-A-2)
<sup>3</sup> Total payments this period \$	\$0.00	(To Form No. 31-B)
<sup>4</sup> Total Outstanding Balance \$	\$18,000.00	(To Form No. 30-A)

<sup>\*</sup> 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)]