Page	<u> </u>

## **Statement of Loans Received**

Prescribed by Secretary of State3/05

Full Name of Committee	Elect	And	rea Ì	eesti	es fo	r Ju	146			···	
Committee to Elect Andrea Peeples for Judge From Whom Received Calvin Peeples						Prior Amount 15,000.00			Amt. Incurred this Per		
Address				Table 1				13	,000.0	50	/ 0.500 Outstanding Balance
6401 Stoll La	n e State	Zip Co	de	1	ans Recei	red This	Daviad			D	25,500
Cincinnati	OH	45	236		Date		Amount		Da	nents This Period Amount	
Pate Loan was originally: ()	M 3	D 6	0/5	$-\frac{M}{l}O$	D 2 2	) Y O 5	3000.00	М	D	Y	s O
Registration Number, if PAC				MO	217	015	6500.00	М	D	Y	
Employer/Occupation/Labor Organiza	tion*			M	012	OIS	1000.00	М	D	Y	
From Whom Received		***************************************			101-	<u>.]!</u>	1,500	Prior A	mount	.1 1	Amt. Incurred this Per
Address	•										Out I DI
											Outstanding Balance
City	State	State Zip Code Loans Received This Period Date Amount							Da	nents This Period Amount	
Datis (programme) y Incorregio (programme) y	M	D	Y	М	D	Y	\$	М	D	Y	\$
Registration Number, if PAC		<u> </u>		М	D	Y		М	D	Y	
Employer/Occupation/Labor Organiza	tion*			M	D	Y		М	D	Y	<u> </u>
			•								
From Whom Received				rystr S				Prior A	mount		Amt. Incurred this Peri
Address							, ————————————————————————————————————				Outstanding Balance
City	State	State Zip Code Loans Received This Period						Payments This Period			
slate Loansvan of Suits Long	M	D	Y	M	Date D	Y	Amount	M	Da Da	te Y	Amount
indication was a second											
Registration Number, if PAC			₹,	М	D	Y	-	М	P	Y	j
Employer/Occupation/Labor Organizat	ion*			М	D	Y		М	D	Y	
					1				1		
* Required for contributions over \$100 if any, rather than employer should be	to statewide	and gener	al assemb	oly candid	ates. If con	stributor i	self-employed, occupation	on and the na	me of the	individual	's business,
the employees are members, if any, mu				dollate via	payron u	oucuon a	nd exceed the aggregate o	i \$100, me i	aoor organ	nzation of	which
If a loan is forgiven, write "Forgiven" i	n the "Cutate	ndina Dal		T		-11.1					
Transfer total of all payments made in	this period to	the States	nent of E	xpenditure	s (Form N	an ioans : [o. 31-B].	Transfer Total Outstandin	g Balance to	the cover	ome (Fon	π No. 31-A-2). m No. 30-A).
1 Total prior amount \$	5,00	0,0	၁ ်								
2 Total received this period \$	10 50	Ø.0	<u>ن</u>		_ (To For	m No. 31-	A-2)				
3 Total Payments this Period \$	C	>	· ·		_ (also red	ord on Fo	rm 31-B)				
4 Total Outstanding Balance \$	25,5	ى. 00	20		(Ta Fa-	m No. 30-	A.\				