Statement of Loans Received

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·		Prescribed by Secretary of State 3/05	
Full Name of Committee Committee to Re-Elect Ju	udge Peeples		
From Whom Received Calvin L. Peeples			Prior Amount Amt. Incurred this Period \$18,000.00 \$0.00
Address 6401 Stoll Lane	-		Outstanding Balance \$18,000.00
City Cincinnati	State Zip Code OH 45236	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was originally Incurred	$\begin{bmatrix} M \\ 0 & 3 & 1 & 6 & 0 & 5 \end{bmatrix}$	M D Y S \$0.00	M D Y \$ \$0.00
Registration Number, if PAC		M D Y	M D Y
Employer Occupation/Labor Organizat	ion*	M D Y	M D Y
From Whom Received Andrea C. Peeples			Prior Amount Amt. Incurred this Period \$10,000.00 \$0.00
Address 5596 Winsor Woods Dr.			Outstanding Balance Forgiven
City Columbus	State Zip Code OH 43230	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was	M D Y 1 1	M D Y	M D Y S
Registration Number, if PAC		M D Y	M D Y
Employer. Occupation/Labor Organization*		M D Y	M D Y
From Whom Received		<u> </u>	Prior Amount Amt. Incurred this Period
Address			Outstanding Balance
City	St, ate Zip Code OH	Loans Received This Period Date Amount	Payments This Period Date Amount
Date Loan was	M D Y	M D Y S	M D Y S
Registration Number, if PAC		M D Y	M D Y
Employer Occupation Labor Organization*		M D Y	M D Y
the individual's business, if any, ra	ather than employer should be lis	le and general assembly candidates. If contribu- ted. If two or more employees contribute via pour sust also appear. [R.C. 3517.10(B)(4)]	tor is self-employed, the occupation and the name of ayroll deduction and exceed the aggregate of \$100, the

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).

Total prior amount S\$28		
² Total received this period \$	\$0.00	(To Form No. 31-A-2)
³ Total payments this period \$ _	\$0.00	(To Form No. 31-B)
⁴ Total Outstanding Balance S	\$18,000.00	(To Form No. 30-A