## Statement of Loans Received

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Prescribed by Secretary of State 3/05

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Full Name of Committee  The Committee to elect A	Andrea Pe	eples for Judge								
From Whom Received Calvin L 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	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	0 3	1 6 0 5	M	D	Y	\$0 00	M	D	Y	\$ \$0 00
Registration Number, if PAC		**************************************	M	D	Y		M	D	Y	
Employer/Occupation/Labor Organiza	tion*		M	D	Y		M	D	Y	
From Whom Received							Prior At	mount		Amt Incurred this Period
Address		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		<del></del>				Outstanding Balance
City	St ate OH	Zip Code	Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred	М	D Y	M	D	Y	\$	М	D	Y	\$
Registration Number, if PAC		,	Mi	D	Y		М	D	Y	
Employer/Occupation/Labor Organization*			M	D	Y		М	D	Y	
From Whom Received			•	<u> </u>			Prior Ai	mount		Amt Incurred this Period
Address			····							Outstanding Balance
City	St' ate OH	Zıp Code	Loans Received This Period Date Amount				Payments This Period Date Amount			
Date Loan was originally Incurred	M	D Y	М	D'	Y	\$	М	D <sub>i</sub>	Y	s
Registration Number, if PAC			М	D	Y		М	D'	Y	
Employer/Occupation/Labor Organization*			M	D'	Y		М	D	Y	
* Required for contributions from									d, the oc	

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 \$ \$18	3,000.00	
Total received this period \$	\$0 00	(To Form No 31-A-2)
Total payments this period \$ _	\$0 00	(To Form No 31-B)
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)]