Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Re-Elect Jud	dge Peel	ples				
From Whom Received Calvin L. Peeples					Prior Amount \$18,000.00	Amt. Incurred this Period \$0.00
Address 6401 Stoll Lane					化 等	Outstanding Balance \$18,000.00
City Cincinnati	St ate OH	Zip Code 45236	Loan: Date	Received This Period Amount	Payments This Period Date Amount	
Date Loan was originally Incurred	0 3	1 6 0 5	M D	\$0.00	M D Y	\$ \$0.00
Registration Number, if PAC			M D	Y	M D Y	
Employer/Occupation/Labor Organization*			M D	Y	M D Y	
From Whom Received Andrea C. Peeples			· · · · · · · · · · · · · · · · · · ·	Prior Amount \$10,000.00	Amt. Incurred this Period \$0.00	
Address 5596 Winsor Woods Dr.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Outstanding Balance \$10,000.00
City Columbus	St ate OH	Zip Code 42320	Loans Received This Period Date Amount		Payments This Period Date Amount	
Date Loan was originally Incurred	1 0	0 9 1 1	M D	s \$0.00	M D Y	\$ \$0.00
Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·		M D	Y	M D Y	
Employer/Occupation/Labor Organization*			M D	Y	M D Y	
From Whom Received					Prior Amount	Amt. Incurred this Period
Address					1	Outstanding Balance
City	St ate OH	Zip Code	Loans Date	Received This Period Amount	Payments This Period Date Amount	
Date Loan was originally Incurred	M	D Y	M D	Y \$	M D Y	\$
Registration Number, if PAC			M D	Y	M D Y	
Employer/Occupation/Labor Organization*			M D	Y	M D Y	
* Required for contributions from in	dividuals o	ver \$100 to statewid	le and general as:	sembly candidates. If contribu	tor is self-employed, 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).

¹ Total prior amount \$\$28,0	00.00	
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 \$	\$28,000.00	(To Form No. 30-A)

^{*}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)]