31-C R.C. 3517.10

FOR PAPER FILING ONLY

Statement	of Loans	Received
Statement	OI LUAIIS	Received

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Page	

		Prescribed by Secretary of State 3/05		
Full Name of Committee Committee to Elect And	drea Peeples for Jud	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	State Zip Code OH 45236	Loans Received This Period Payment Date Amount Date		This Period Amount
Date Loan was originally Incurred tegistration Number, if PAC	0 3 1 6 0 5	M D Y \$	M D Y	\$
Employer/Occupation/Labor Organization	*	M D Y	M D Y	
rom Whom Received			Prior Amount	Amt. Incurred this Period
Address	1			Outstanding Balance
Sity	State Zip Code	Loans Received This Period Date Amount	Payments This Period Date Amount	
Pate Loan was originally incurred egistration Number, if PAC	M D Y	M D Y \$	M D Y	S
mployer/Occupation/Labor Organization	*	M D Y	M D Y	
rom Whom Received			Prior Amount	Amt. Incurred this Period
ddress				Outstanding Balance
ity	St ate Zip Code	Loans Received This Period Date Amount	Payments This Period Date Amount	
Pate Loan was priginally Incurred egistration Number, if PAC mployer/Occupation/Labor Organization	M D Y	M D Y M D Y	M D Y M D Y	Amount \$
he individual's business, if any, rath	er than employer should be lis	e and general assembly candidates. If contribut ted. If two or more employees contribute via pa ust also appear. [R.C. 3517.10(B)(4)]	or is self-employed, the oc syroll deduction and exceed	cupation and the name of the aggregate of \$100, the
	fer total of all payments ma	alance" space. Transfer total of all loans rade in this period to the Statement of Expe		
Total prior amount \$ \$18.	,000.00			
otal received this period \$	\$0.00	(To Form No. 31-A-2)		
Total payments this period \$	\$0.00	(To Form No. 31-B)		
Fotal Outstanding Balance \$	\$18,000.00	(To Form No. 30-A)		