Page	

## **Statement of Loans Received**

Prescribed by Secretary of State 3/05

Full Name of Committee																
Citizens to Re-Elect Ju	dos I	Doon!	Δ¢													
From Whom Received	ugeı	eepi	<del>es</del>								Prior	Amou	ınt			Amt. Incurred this Period
Andrea Peeples						0.00				.00	2,000.00					
Address								_							.00	Outstanding Balance
5596 Windsor Woods	Dr															2,000.00
City	State	Zip Cod	=	T	Loans Received This Period					Payr				Pay	ments This Period	
Gahanna	OH	4323	30			Date			Amount		Date			Date		Amount
Date Loan was originally Incurred	м 0 1	D 1 7	7 1 '	7 M		D	Y		\$	0	М		D		Y	s 0
Registration Number, if PAC				М		D	Y			_	М		D		Y	
Employer/Occupation/Labor Organization*				М		D	Y				М		D		Y	
From Whom Received							<u>, , , , , , , , , , , , , , , , , , , </u>				Prior	Amou	nt			Amt. Incurred this Period
Address				-												Outstanding Balance
City State Zip Code			T	Loans Received This Period						Payments This Period						
						Date			Amount				I	Date		Amount
Date Loan was originally Incurred	М	D	Y	М		D	Y		\$		М		D		Y	\$
Registration Number, if PAC	,	<b>4</b>		М		D	Y				М		D	1	1	
Employer/Occupation/Labor Organization*			-	М		D	Y				М		D	T,	7	
From Whom Received	<u> </u>			4		1_	11_	_		-	Prior	Amou	nt			Amt. Incurred this Period
Address						- "										Outstanding Balance
City	State	Zip Code	;	Т	Loans I	Receive	d This P	erio	d			_			Pav	ments This Period
		l		1		Date			Amount		ļ		I	Date	•	Amount
Date Loan was originally Incurred	М	D	Y	М		D	Y		\$		М		D		7	\$
Registration Number, if PAC		•		М		D	Y				М		D		7	
Employer/Occupation/Labor Organization*				М		D	Y				М		D	+	7	
* Required for contributions over \$100 to statewish																

If a loan is for given, write "For given" 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 Total Outstanding Balance to the cover page (Form No. 30-A).

1	Total prior amount \$	0.00	
2	Total received this period\$	2,000.00	(To Form No. 31-A-2)
3	Total Payments this Period \$	0.00	(also record on Form 31-B)
4	Total Outstanding Balance \$	2,000.00	(To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business if any, rather than employer should be listed. If two ormore employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)