

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | |
|---|--|--------------------|--------------------------|--|----------------------------|---------------------------------|--|-----------------------|--|--|--|--|
| Full Name of Committee Citizens to Re-Elect Judge Peeples | | | | | | | | | | | | |
| From Whom Received Andrea Peeples | | | | | | Prior Amount 2,000.00 | | | Amt. Incurred this Period 0.00 | | | |
| Address 5596 Windsor Woods Dr | | | | | | | | | Outstanding Balance 0.00 | | | |
| City Gahanna | | State OH | Zip Code 43230 | | Loans Received This Period | | | Payments This Period | | | | |
| | | | | | Date | | | Date | | | | |
| | | | | | Amount | | | Amount | | | | |
| | | | | | M D Y \$ | | | M D Y \$ | | | | |
| | | | | | 0 1 1 7 1 7 | | | 0 1 2 9 1 8 | | | | |
| 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 | | | | | | | | | Outstanding Balance | | | |
| City | | State | Zip Code | | Loans Received This Period | | | Payments This Period | | | | |
| | | | | | Date | | | Date | | | | |
| | | | | | Amount | | | Amount | | | | |
| | | | | | M D Y \$ | | | 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 | | | |
| From Whom Received | | | | | | Prior Amount | | | Amt. Incurred this Period | | | |
| Address | | | | | | | | | Outstanding Balance | | | |
| City | | State | Zip Code | | Loans Received This Period | | | Payments This Period | | | | |
| | | | | | Date | | | Date | | | | |
| | | | | | Amount | | | Amount | | | | |
| | | | | | M D Y \$ | | | 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 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 or more 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)

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 Total Outstanding Balance to the cover page (Form No. 30-A).

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