

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect ANDREA PEEPLES for JUDGE					
Full Name Calvin L. Peeples - Loan to Committee from 31-C				Registration Number, if PAC	
Address 6401 Stoll Lane		Type* LN	M D Y 03 16 05		Amount 7,500.00
City Cincinnati		State OH	Zip Code 45236	Form (Cash, Check, etc.) Check	
Full Name				Registration Number, if PAC	
Address		Type*	M D Y		Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address		Type*	M D Y		Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address		Type*	M D Y		Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address		Type*	M D Y		Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address		Type*	M D Y		Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address		Type*	M D Y		Amount
City		State	Zip Code	Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC	
Address		Type*	M D Y		Amount
City		State	Zip Code	Form (Cash, Check, etc.)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.