

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-Elect Judge Peeples							
Full Name Andrea C. Peeples				Registration Number, if PAC			
Address 5596 Winsor Woods Dr.		Type* LN			M 1	D 0	Y 0
City Columbus		State OH	Zip Code 43230		Form (Cash, Check, etc.) Check (Loan)		Amount \$10,000.00
Full Name							
Address				Type* RE			M 1
City		State OH	Zip Code		D 0	Y 0	Amount
Full Name							
Address				Type* RE			M 1
City		State OH	Zip Code		D 0	Y 0	Amount
Full Name							
Address				Type* RE			M 1
City		State OH	Zip Code		D 0	Y 0	Amount
Full Name							
Address				Type* RE			M 1
City		State OH	Zip Code		D 0	Y 0	Amount
Full Name							
Address				Type* RE			M 1
City		State OH	Zip Code		D 0	Y 0	Amount
Full Name							
Address				Type* RE			M 1
City		State OH	Zip Code		D 0	Y 0	Amount
Full Name							
Address				Type* RE			M 1
City		State OH	Zip Code		D 0	Y 0	Amount
Full Name							
Address				Type* RE			M 1
City		State OH	Zip Code		D 0	Y 0	Amount

* 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.

10,000.00
Page Total \$