

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Committee to Elect Andrea Peebles for Judge					
Full Name			Registration Number, if PAC		
Calvin L. Peebles					
Address	Type*		M	D	Y
6401 Stoll Lane	L N		1	0	2
City	State	Zip Code	Amount		
Cincinnati	0 1	45-236	3000.00		
Form(Cash,Check,etc)					
check					
Full Name			Registration Number, if PAC		
Calvin L. Peebles					
Address	Type*		M	D	Y
6401 Stoll Lane	L N		1	0	2
City	State	Zip Code	Amount		
Cincinnati	0 1	45-236	6500.00		
Form(Cash,Check,etc)					
check					
Full Name			Registration Number, if PAC		
Calvin L. Peebles					
Address	Type*		M	D	Y
6401 Stoll Lane	L N		1	1	0
City	State	Zip Code	Amount		
Cincinnati	0 1	45-236	1000.00		
Form(Cash,Check,etc)					
check					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
Form(Cash,Check,etc)					
Full Name			Registration Number, if PAC		
Address	Type*		M	D	Y
City	State	Zip Code	Amount		
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, place the letters 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.

Page Total \$ 10500.00