

Event Date	11-04-05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge					
Full Name of Contributor Charlene Jones				Registration Number, if PAC	
Street Address 5404 Latrobe St.	Employer/Occupation/Labor Organization*			M D Y 11 04 05	Amount 50.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc) check		
Full Name of Contributor Virginia Bryant				Registration Number, if PAC	
Street Address 6389 Rugosa Ave	Employer/Occupation/Labor Organization*			M D Y 11 04 05	Amount 25.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc) check		
Full Name of Contributor Lawrence Roseboro				Registration Number, if PAC	
Street Address 4400 Grays Market Dr	Employer/Occupation/Labor Organization*			M D Y 11 04 05	Amount 25.00
City Bahanna	State OH	Zip Code 43230	Form (Cash, Check, etc) Cash		
Full Name of Contributor Vernon Pringle				Registration Number, if PAC	
Street Address 5596 Winsor Woods	Employer/Occupation/Labor Organization*			M D Y 11 04 05	Amount 50.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc) Cash		
Full Name of Contributor Edward E Stewart				Registration Number, if PAC	
Street Address 6058 Green Bay Court	Employer/Occupation/Labor Organization*			M D Y 11 04 05	Amount 25.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc) check		
Full Name of Contributor John C. Murphy				Registration Number, if PAC	
Street Address 4668 Winery Way	Employer/Occupation/Labor Organization*			M D Y 11 04 05	Amount 25.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc) check		
Full Name of Contributor Bethany A. Hammond				Registration Number, if PAC	
Street Address 549 Illinois Ct	Employer/Occupation/Labor Organization*			M D Y 11 04 05	Amount 25.00
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc) check		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ **225.00**