

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Peeples					
Full Name of Contributor Tracy M. Latham				Registration Number, if PAC	
Street Address 2666 Arcola Rd.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Allison J. Lippman				Registration Number, if PAC	
Street Address 136 N. Remington Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Sherman Lynem				Registration Number, if PAC	
Street Address 6703 Plainfield Rd.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Cincinnati	State OH	Zip Code 45326	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Timothy J. Mangan				Registration Number, if PAC	
Street Address 873 Falkirk Ct.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Alvin E. Matthews, Jr.				Registration Number, if PAC	
Street Address 2291 Clifton Ave.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$150.00
Full Name of Contributor R. William Meeks				Registration Number, if PAC	
Street Address 511 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$250.00
Full Name of Contributor Daniel B. Miller				Registration Number, if PAC	
Street Address 87 E. Torrence Rd.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 3
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check		Amount \$100.00

* 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 also 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

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Total expenditures this event.

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Page Total \$

\$625.00
\$575.00

DBM