

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 Cecily Ferris			Registration Number, if PAC	
Street Address 905 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Gregory N. Finnerty			Registration Number, if PAC	
Street Address 6013 Round Tower Lane	Employer/Occupation/Labor Organization*		M 0	D 1
City Dublin	State OH	Zip Code 43017	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Clarence T. Frazier			Registration Number, if PAC	
Street Address 1145 Wionna Ave.	Employer/Occupation/Labor Organization*		M 0	D 1
City Cincinnati	State OH	Zip Code 45224	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Jeff Furbee			Registration Number, if PAC	
Street Address 969 Woodhill Dr.	Employer/Occupation/Labor Organization*		M 0	D 1
City Grandview Heights	State OH	Zip Code 43212	Y 1	Amount \$20.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Clarence Gordan			Registration Number, if PAC	
Street Address 394 W. 2nd Ave.	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43201	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Elizabeth M. Harden			Registration Number, if PAC	
Street Address 6404 Stoll Lane	Employer/Occupation/Labor Organization*		M 0	D 1
City Cincinnati	State OH	Zip Code 45236	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Mary Hart			Registration Number, if PAC	
Street Address 1162 Rand Ave.	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43227	Y 1	Amount \$25.00
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 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 \$ **\$245.00**