

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge									
Full Name of Contributor David Pritchard						Registration Number, if PAC			
Street Address 1351 W First Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 11		D 01	
						Y 05		Amount 100.00	
Full Name of Contributor Sanford J. Cohan Attorney at Law						Registration Number, if PAC			
Street Address 2500 Corporate Exchange #151			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43231		M 11		D 01	
						Y 05		Amount 50.00	
Full Name of Contributor Bradley Hummel						Registration Number, if PAC			
Street Address 2101 Elgin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43081		M 11		D 04	
						Y 05		Amount 50.00	
Full Name of Contributor Matthew A Eldridge						Registration Number, if PAC			
Street Address 233 S High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 11		D 01	
						Y 05		Amount 50.00	
Full Name of Contributor Verlenda Moore						Registration Number, if PAC			
Street Address 106 Cherry St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Monticello		State AIR		Zip Code 71655		M 11		D 08	
						Y 05		Amount 50.00	
Full Name of Contributor Vickie Eggleston						Registration Number, if PAC			
Street Address 606 Old Troy Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Monticello		State AIR		Zip Code 71655		M 11		D 08	
						Y 05		Amount 50.00	
Full Name of Contributor Bridget E Carty						Registration Number, if PAC			
Street Address 420 E Royal Forest Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43214		M 11		D 02	
						Y 05		Amount 75.00	
Full Name of Contributor Bricker & Eckler LLP						Registration Number, if PAC			
Street Address 100 S. Third St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 11		D 09	
						Y 05		Amount 500.00	

* 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ 925.00