

Event Date 04/14/05

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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 PEEPLE FOR JUDGE					
Full Name of Contributor MICHAEL SEXTON				Registration Number, if PAC	
Street Address 9 BUTTLES AVE APT 414	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor WILBURN C WEDDINGTON				Registration Number, if PAC	
Street Address 75 N OHIO AVE	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City COLUMBUS	State O	Zip Code 43203-1950	Form(Cash,Check,etc) CHECK		Amount 250.00
Full Name of Contributor ED LEONARD				Registration Number, if PAC	
Street Address 4025 BERRYBUSH DR	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City COLUMBUS	State O	Zip Code 43230	Form(Cash,Check,etc) CASH		Amount 100.00
Full Name of Contributor JEREMY DODGION ATTORNEY AT LAW CO., L.P.A.				Registration Number, if PAC	
Street Address 1188 S HIGH ST	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City COLUMBUS	State O	Zip Code 43206	Form(Cash,Check,etc) CHECK		Amount 200.00
Full Name of Contributor DEBRA ELIOT				Registration Number, if PAC	
Street Address 2466 FAIR AVE	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City BEXLEY	State O	Zip Code 43209	Form(Cash,Check,etc) CHECK		Amount 500.00
Full Name of Contributor BILL HEDRICK				Registration Number, if PAC	
Street Address 838 THURBER DRIVE WEST APT22	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 1,200.00