

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 Peebles for Judge					
Full Name of Contributor Daniel B Miller				Registration Number, if PAC	
Street Address 8241 Longhorn Road		Employer/Occupation/Labor Organization*		M 0	D 6
City Powell		State OH	Zip Code 43065	Y 0	Amount 35.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Lesley Ashworth				Registration Number, if PAC	
Street Address 306 Kenbrook Dr		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 0	Amount 35.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Lori McCaughan				Registration Number, if PAC	
Street Address 5492 Red Bank Road		Employer/Occupation/Labor Organization*		M 0	D 6
City Galena		State OH	Zip Code 43001	Y 0	Amount 35.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Sarah M Schregardus				Registration Number, if PAC	
Street Address 1621 Aschinger Blvd		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43212	Y 0	Amount 35.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Kristen Brown				Registration Number, if PAC	
Street Address 1489 Oakbourne Road		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43235	Y 0	Amount 35.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Kristen Brown				Registration Number, if PAC	
Street Address 1489 Oakbourne Road		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43235	Y 0	Amount 20.00
				Form (Cash, Check, etc) check	
Full Name of Contributor Jeremy D Seidt				Registration Number, if PAC	
Street Address 139 Westview Ave		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43214	Y 0	Amount 35.00
				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 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 \$ 230.00