

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Richard A. Cordray						Registration Number, if PAC			
Street Address 4900 Grove City Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grove City		State OH		Zip Code 43123		M 0	D 9	Y 0	Amount 150.00
Full Name of Contributor John J. Kulewicz						Registration Number, if PAC			
Street Address 2104 Yorkshire Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43221		M 0	D 9	Y 1	Amount 200.00
Full Name of Contributor Janet Jackson						Registration Number, if PAC			
Street Address 2865 Castlewood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43209		M 0	D 9	Y 1	Amount 500.00
Full Name of Contributor Ohio + Vicinity Reg. Council South Central Office PAC						Registration Number, if PAC LA416			
Street Address 1394 Courtright Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43227		M 0	D 9	Y 2	Amount 500.00
Full Name of Contributor Timothy Harildstad						Registration Number, if PAC			
Street Address 7199 Havens Corners Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blacklick		State OH		Zip Code 43004		M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor Carpenters Local Union # 200						Registration Number, if PAC			
Street Address 1545 Alum Creek Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State OH		Zip Code 43209		M 0	D 9	Y 2	Amount 500.00
Full Name of Contributor Clarence Frazier						Registration Number, if PAC			
Street Address 1145 Wionna Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45224		M 0	D 6	Y 0	Amount 100.00
Full Name of Contributor M. Elizabeth Gill						Registration Number, if PAC			
Street Address 65 E. State Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) gh-line CC		
City Columbus		State OH		Zip Code 43215		M 0	D 9	Y 0	Amount 250.00

* 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 \$ 2300.00