31-E R.C. 3517.10(B)

Event Date	05/06/05
Page	11

Statement of Contributions Received at a Social or Fundraising Event

	Prescri	bed by	Secr	etary of State 3/05							
Name of Committee in Full	זמיני	DC D	\sim								
COMMITTEE TO ELECT ANDREA PI	EEPL	ES F	Oŀ	K JUDGE	IR _e	rietro	tion Nur	mbe	er if	PAC	
Full Name of Contributor BILL HEDRICK					IKC;	gisua	uon Nui	шьс	51, 11 1	AC	
Street Address	Emplo	yer/Occ	upat	tion/Labor Organization*	N N	1	D	Т	Y	Amount	
838 THURBER DRIVE WEST APT22	1	-	•	-	0	5	0 6	۱,	0 5	5	50.00
City		State		Zip Code	For	,	sh,Chec				
COLUMBUS	0	H	I	43215			HEC				
Full Name of Contributor		-		D.A.	Re	gistra	tion Nur	mbe	er, if	PAC	
JEREMY DODGION ATTORNEY AT					$\frac{1}{N}$		В	_	Y	Amount	
Street Address 1188 S. HIGH STREET	Employer/Occupation/Labor Organization*				5	о 0 6	۱,	o !	Amount	50.00	
City	 	State	T	Zip Code			sh,Chec	_		,	50.00
COLUMBUS	10	F		43206	-	•	HEC	-	•		
Full Name of Contributor					Re	gistra	tion Nur	mbe	er, if	PAC	
DAVID DURR					┸						
Street Address	Employer/Occupation/Labor Organization*				N		D		Y	Amount	= 0.00
685 COLLINGWOOD DRIVE					5	0 6	_	0 !	5	50.00	
City WESTERVILLE	١ ۾	State		Zip Code 43082	Foi	•	ish,Chec CAS]		etc)		
Full Name of Contributor		<u> </u>	1_	43002	Re		tion Nur		er if	PAC	
GEORGE CALLOWAY						D			.,		
Street Address	Employer/Occupation/Labor Organization*				N	1	D	Т	Y	Amount	
5764 OLD TRAIL CT				0	5	0 6	ز ا ز	0 3	5	50.00	
City	State Zip Code		-	Form(Cash,Check,etc)							
COLUMBUS		F	i i	43213			CAS				
Full Name of Contributor					Re	gistra	tion Nur	mbe	er, if	PAC	
Street Address	Emplo	ver/Occ	cupat	tion/Labor Organization*	l N	1	D	Т	Y	Amount	
outer reduces		Employer occupation Europ organization			Ī	1	ı	Ī			
City		State Zip Code Form(Cash				sh,Chec	ck,e	etc)			
Full Name of Contributor				•	Re	gistra	tion Nu	mbe	er, if	PAC	
	In 1	/0			N	,		_	37		
Street Address		Employer/Occupation/Labor Organization*					D		Y	Amount	
City	╁──	State		Zip Code	For	m(Ca	sh,Chec	ck.e	etc)	_	
chy				2.p 0020		(,	,-	,		
Full Name of Contributor			_		Re	gistra	tion Nu	mbe	er, if	PAC	
Street Address	Employer/Occupation/Labor Organization*		N	4	D		Y	Amount			
	_	Ctnt-		7in Codo	Tree	(C:	oh Cha) 		
City	State Zip Code		Zip Code	Form(Cash,Check,etc)							
								-			
equired for contributions from individuals over \$100 to statewide and ger	neral asso	embly c	andi	dates. If contributor is self-em	ploye	d, the	occupa	tion	and	the name of the	

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 \$200.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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)]