

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 PEEPLES FOR JUDGE							
Full Name of Contributor BILL HEDRICK				Registration Number, if PAC			
Street Address 838 THURBER DRIVE WEST APT22		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City COLUMBUS		State O	H	Zip Code 43215	Form(Cash,Check,etc) CHECK		
Full Name of Contributor JEREMY DODGION ATTORNEY AT LAW CO. LPA				Registration Number, if PAC			
Street Address 1188 S. HIGH STREET		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City COLUMBUS		State O	H	Zip Code 43206	Form(Cash,Check,etc) CHECK		
Full Name of Contributor DAVID DURR				Registration Number, if PAC			
Street Address 685 COLLINGWOOD DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City WESTERVILLE		State O	H	Zip Code 43082	Form(Cash,Check,etc) CASH		
Full Name of Contributor GEORGE CALLOWAY				Registration Number, if PAC			
Street Address 5764 OLD TRAIL CT		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City COLUMBUS		State O	H	Zip Code 43213	Form(Cash,Check,etc) CASH		
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	H	Zip Code	Form(Cash,Check,etc)		

* 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.