

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE									
Full Name of Contributor SANA BARRETT						Registration Number, if PAC			
Street Address 114 BROADMEADOW BLVD APT B			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City COLUMBUS		State O H	Zip Code 43214		M 0 5	D 0 6	Y 0 5	Amount 10.00	
Full Name of Contributor SHERRY LYNN CAFFEY						Registration Number, if PAC			
Street Address 4790 E LIVINGSTON RD			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City COLUMBUS		State O H	Zip Code 43227		M 0 5	D 0 6	Y 0 5	Amount 10.00	
Full Name of Contributor PAULA LLOYD						Registration Number, if PAC			
Street Address 8055 FAIRWAY DR			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City COLUMBUS		State O H	Zip Code 43235		M 0 5	D 0 6	Y 0 5	Amount 20.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Amount	
Full Name of Contributor CYNDY SECKERSON						Registration Number, if PAC			
Street Address 4551 HUCKLEBERRY CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City HILLIARD		State O H	Zip Code 43026		M 0 5	D 2 6	Y 0 5	Amount 10.00	
Full Name of Contributor DAVE PETERSON						Registration Number, if PAC			
Street Address 4551 HUCKLEBERRY CT			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City HILLIARD		State O H	Zip Code 43026		M 0 5	D 2 6	Y 0 5	Amount 10.00	
Full Name of Contributor JOYE SAUNDERS						Registration Number, if PAC			
Street Address 3596 BREMEN ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City COLUMBUS		State O H	Zip Code 43224		M 0 5	D 2 6	Y 0 5	Amount 20.00	
Full Name of Contributor KRISTOPHER HAINES						Registration Number, if PAC			
Street Address 3572 JUNIPER ST			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) CASH		
City GROVE CITY		State O H	Zip Code 43123		M 0 5	D 2 6	Y 0 5	Amount 20.00	

* 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 \$ 100.00