Statement of Contributions Received

Prescribed by Secretary of State 3/05

					_			
Name of Committee in Full								
COMMITTEE TO ELECT ANDREA PE	EPLE	SFO	R JUDGE_					
Full Name of Contributor					Registration Number, if PAC			
SANA BARRETT								
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
114 BROADMEADOW BLVD APT B							CASH	
City	S	tate	Zip Code	M	D	Y	Amount	
COLUMBUS	0	H	43214	0 5	0 6	0 5		10.00
Full Name of Contributor				Registra	ition Nun	iber, if PA	AC	
SHERRY LYNN CAFFEY								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	:k, etc.)
4790 E LIVINGSTON RD							CASH	
City	S	tate	Zip Code	М	D	Y	Amount	
COLUMBUS	10	H	43227	0 5	0 6	0 5	ľ	10.00
Full Name of Contributor	-	-				iber, if PA	AC	
PAULA LLOYD								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Chec	k, etc.)
8055 FAIRWAY DR	' '	·					CASH	
City	S	tate	Zip Code	М	D	Y	Amount	
COLUMBUS	0	H	43235	015	0 6			20.00
Full Name of Contributor		<u> </u>	10200			ber, if PA	AC.	20.00
The state of Commont.						,		
Street Address Employer/Occupation/Labor Organization*							Form (Cash, Chec	k. etc.)
Silver Addition	Linpioy	or Goodpi		- Onn (Cash, Choth, Str.)				
City	9	State Zip Code		М	D	Y	Amount	
chy		1	Lip Code	"	Ιĩ	Î	, iniount	
Full Name of Contributor	<u> </u>			Registra	tion Nun	her if PA	\C	
Full Name of Contributor CYNDY SECKERSON Registration Number, if PAC								
	Employ	or/Occurs	otion/Labor Organization*	Ь_			Form (Cash Chan	ık ata)
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4551 HUCKLEBERRY CT	—	4-4-	Zip Code	T 1/	I n	Y	CASH	
City	_	tate H	1 '	M	D	1 .	Amount	10.00
HILLIARD	O	11	43026		2 6			10.00
Full Name of Contributor Registration Number, if PAC								
DAVE PETERSON Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
Street Address	Employ	er/Occupa	anon/Labor Organization*					K, etc.)
4551 HUCKLEBERRY CT	_		Ta:: 0.1-	T v	T 5	1 37	CASH	
City		tate	Zip Code	M	D	Y	Amount	10.00
HILLIARD	$\Gamma \Omega$	H	43026			0 5		10.00
Full Name of Contributor				Registra	tion Nun	iber, if PA	AC	
JOYE SAUNDERS	Ta .	' 2						
Street Address	Employ	er/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
3596 BREMEN ST							CASH	
City	_	tate	Zip Code	M _.	D	Y	Amount	
COLUMBUS		H	43224		2 6			20.00
Full Name of Contributor Registration Number, if PAC								
KRISTOPHER HAINES								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Chec	k, etc.)	
3572 JUNIPER ST							CASH	
City	S	tate	Zip Code	M	D	Y	Amount	
GROVE CITY	0	H	43123	10 5	<u> 2 6</u>	0 5		20.00

Page Total \$ 100.00

^{*} 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)]