

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 JACK L MOSER				Registration Number, if PAC	
Street Address 400 S FIFTH STREET SUITE 102		Employer/Occupation/Labor Organization*		M 0	D 5
City COLUMBUS		State O	Zip Code 43215	Y 2	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor RUSSELL GOODWIN				Registration Number, if PAC	
Street Address 103 E FIRST AVE		Employer/Occupation/Labor Organization*		M 0	D 5
City COLUMBUS		State O	Zip Code 43201	Y 2	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor EARL FROST				Registration Number, if PAC	
Street Address 131 E N BROADWAY		Employer/Occupation/Labor Organization*		M 0	D 5
City COLUMBUS		State O	Zip Code 43214	Y 2	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor SCOTT J VARNER				Registration Number, if PAC	
Street Address 1002 HUNTER AVE		Employer/Occupation/Labor Organization*		M 0	D 5
City COLUMBUS		State O	Zip Code 43201	Y 2	Amount 100.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor BILL R HEDRICK				Registration Number, if PAC	
Street Address 838 THURBER DRIVE WEST APT22		Employer/Occupation/Labor Organization*		M 0	D 5
City COLUMBUS		State O	Zip Code 43215	Y 2	Amount 50.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor JOHN W SOWERS				Registration Number, if PAC	
Street Address 466 STANLEY AVE		Employer/Occupation/Labor Organization*		M 0	D 5
City COLUMBUS		State O	Zip Code 43206	Y 2	Amount 35.00
				Form(Cash,Check,etc) CHECK	
Full Name of Contributor DONALD J GEINER				Registration Number, if PAC	
Street Address 4025 ANGOLA RD		Employer/Occupation/Labor Organization*		M 0	D 5
City TOLEDO		State O	Zip Code 43615	Y 2	Amount 35.00
				Form(Cash,Check,etc) CHECK	

* 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.

Total contributions this event

1100.00

Total expenditures this event

60.00

Page Total \$ **520.00**