

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Andrea Peeples for Judge									
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 500.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 50.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 25.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 200.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 50.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 75.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 50.00			
Full Name of Contributor Unknown subject to bank deposit verification of items.						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City	State	Zip Code	M	D	Y	Amount 50.00			

* 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 \$ 1000.00