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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Committee to Andrea Peeples for Judg	~~				_	
Full Name of Contributor	<u>,e</u>		Regist	tration Nun	-har iff	- ~
Unknown subject to bank deposit veri	fication of	f items.	LILL DIE	ation ive.	.nber, n .	AC
Street Address		cupation/Labor Organization*				Form (Cash, Check, etc.)
						Check
City	State	Zip Code	М	D	Y	Amount
			11	11	1 1	500.00
Full Name of Contributor	-		Registr	ration Nun	mber, if P	
Unknown subject to bank deposit verif						
Street Address		cupation/Labor Organization*				Form (Cash, Check, etc.)
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City	State	Zip Code	М	D	Y	Amount
						50.00
Full Name of Contributor I Indeposit a systematic to bonds demonstrated in			Registr	ration Nur	mber, if P	
Unknown subject to bank deposit verif						
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.)
						check
City	State	Zip Code	М	D	Y	Amount
						25.00
Full Name of Contributor I Inknowers subject to book democity with			Registra	ration Num	nber, if P/	
Unknown subject to bank deposit verif						
Street Address	Employer/Occu	upation/Labor Organization*				Form (Cash, Check, etc.)
	<u> </u>	· · · · · · · · · · · · · · · · · · ·				check
City	State	Zip Code	М	D	Y	Amount
Full Name of Contributor			44			700,00
	~ .!	· -	Registra	ation Num	aber, if PA	AC
Unknown subject to bank deposit verif						
Street Address	Employer/Occup	upation/Labor Organization*	- <u>-</u> -			Form (Cash, Check, etc.)
City					′	check
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor					<u> </u>	20.00
Unknown subject to bank deposit verifi	"a-af	**-	Registra	ation Numl	ber, if PA	AC
C						
Jucci Addiess	Employer	upation/Labor Organization*		_	1	Form (Cash, Check, etc.)
City	State	17-0-4-	T 14	- _		Check
,	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			- Arrietty	Alany	1 ED/	75.00
Unknown subject to bank deposit verifi	ication of	Hama	Kegisua.	ation Numb	ber, it PA	'C
		mation/Labor Organization*				
	Empoye	ABOUTSOOL OIEsuration			,	Form (Cash, Check, etc.)
City	State	Zip Code	T 1.7			check
,	1	Zip Coue	M	D	Y	Amount
Full Name of Contributor			Denistra	tion Numb	L LEDA	50.00
Unknown subject to bank deposit verifi	ication of	itome	Ксвізна	10B Mm14	er, ii ea.	.c
		11CITIS. pation/Labor Organization*	Щ			- was as as a second
4.5	Janque,	audivizator Organization			ľ	Form (Cash, Check, etc.)
City	State	Zip Code	М	D	r 	C hock
and the second s	1	Eith Coac	"	111	Y	Amount らり_00
					4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	130-00

* 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