31-A
R.C. 3517.10

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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								**Registration Number, if PAC**	
Josephine L. Frazier									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
1145 Wienna Ave								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Cincinnati	OH	45224	08	04	05			100.00	
Full Name of Contributor								**Registration Number, if PAC**	
Stephanie L. Anderson									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
675 Sheridan Av								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43209	08	04	05			25.00	
Full Name of Contributor								**Registration Number, if PAC**	
Sherrie J Passmore									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
431 Whitley Dr								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Gahanna	OH	43230	08	02	05			50.00	
Full Name of Contributor								**Registration Number, if PAC**	
E. Scott Shaw Attorney at Law									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
500 S. Front Street								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43215	07	27	05			100.00	
Full Name of Contributor								**Registration Number, if PAC**	
McCord + Akamine L.L.P									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
844 S. Front Street								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43206	07	28	05			500.00	
Full Name of Contributor								**Registration Number, if PAC**	
Katherine M. Foulke									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
5610 Buxley Dr								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Westerville	OH	43081	07	25	05			10.00	
Full Name of Contributor								**Registration Number, if PAC**	
Anne M. Murray									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
1594 Cambridge Blvd								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43212	07	14	05			10.00	
Full Name of Contributor								**Registration Number, if PAC**	
Karen Lowry									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
2420 Larkfield								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Cincinnati	OH	45222	08	05	05			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)]

Page Total $ 895