31-A
R.C. 3517.10

Page 9

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**	
Barbara B Bond								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
1201 Edgecliff Pl. Apt 1022							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Cincinnati	OH	45206	09	01	05		100.00	
Full Name of Contributor							**Registration Number, if PAC**	
Leroy Browning								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
709 B Waycross Rd							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Cincinnati	OH	45240	09	01	05		25.00	
Full Name of Contributor							**Registration Number, if PAC**	
Ellen Barker								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
5036 Grant Street							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Merrillville	IN	46410	09	05	05		50.00	
Full Name of Contributor							**Registration Number, if PAC**	
Richard E Graham								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
315 Blandford Dr							Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Worthington	OH	43085	09	07	05		100.00	
Full Name of Contributor							**Registration Number, if PAC**	
Ethel Bates								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6400 Stoll Lane								
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Cincinnati	OH	45236	09	07	05		65.00	
Full Name of Contributor							**Registration Number, if PAC**	
Calvin Peeples								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
6401 Stoll Lane							Cash	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Cincinnati	OH	45236	09	07	05		10.00	
Full Name of Contributor							**Registration Number, if PAC**	
Annie Todd								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
3771 Woodford Ave							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Cincinnati	OH	45213	08	19	05		75.00	
Full Name of Contributor							**Registration Number, if PAC**	
K. Sue Foley								
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**	
4898 Sharon Avenue							check	
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**	
Columbus	OH	43214	08	17	05		135.00	

* 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 $ 560.00