

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrew Peebles for Judge													
Full Name of Contributor Charles C Postlewaite LLC						Registration Number, if PAC							
Street Address 3040 Riverside Drive, Suite 122			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43221		M 09		D 08		Y 05		Amount 200.00	
Full Name of Contributor Helen M. Ninos						Registration Number, if PAC							
Street Address 891 Dark Star Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Gahanna		State OH		Zip Code 43230		M 09		D 08		Y 05		Amount 35.00	
Full Name of Contributor Elois Caulton						Registration Number, if PAC							
Street Address 7632 Pacific Hills Ave Apt 204			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Las Vegas		State NV		Zip Code 89128		M 09		D 03		Y 05		Amount 25.00	
Full Name of Contributor Verneeta Louise Lewis						Registration Number, if PAC							
Street Address 1804 Crest Hill			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Cincinnati		State OH		Zip Code 45237		M 09		D 07		Y 05		Amount 20.00	
Full Name of Contributor Jacquelyn W. McCray						Registration Number, if PAC							
Street Address 6307 Ridgewood			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Pine Bluff		State AR		Zip Code 71603		M 09		D 05		Y 05		Amount 50.00	
Full Name of Contributor Richard F. Hunter						Registration Number, if PAC							
Street Address 4025 Diehl Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City Cincinnati		State OH		Zip Code 45236		M 09		D 08		Y 05		Amount 50.00	
Full Name of Contributor Alma Butler						Registration Number, if PAC							
Street Address 1346 Roosevelt Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City GARY		State IN		Zip Code 46404		M 09		D 11		Y 05		Amount 10.00	
Full Name of Contributor Janice Jones						Registration Number, if PAC							
Street Address 581 Columbia Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Hamilton		State OH		Zip Code 45013		M 09		D 17		Y 05		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)]