Event Date	10-25-05
Page	10

## Statement of Contributions Received at a Social or Fundraising Event

Name of Committee in Full	Prescribed by Se	cretary of State 3/05	
Committee to Elect Andrea Peeples for			
Full Name of Contributor	r juage		
Edwin Kirby			Registration Number, if PAC
Street Address			
4393 Colerain Avenue	Employer/Occupation/Labor Organization*		M D Y Amount
City		12	102505 50.00
Columbus	State O 14	Zip Code	Form(Cash,Check,etc)
Full Name of Contributor	10 14	43214	Check
			Registration Number, if PAC
Eileen Paley Street Address	Employee/Occ	ation/Labor Organization*	
668 Bellamy Pl	Employer/Occup	audivitation*	M D Y Amount
City	State	7: 0 1	102505 40.00
Columbus	OIH	Zip Code	Form(Cash,Check,etc) Check
Full Name of Contributor		43213	
Township Ball			Registration Number, if PAC
Tannisha Bell Street Address	Employer/Occurs	ation/Labor Organization*	
617 Worthington Forest Place		ation Lagor Organization	M D Y Amount
City	State	Zip Code	10 2 5 0 5 25.00 Form(Cash,Check,etc)
Columbus	OIH	43229	Check
Full Name of Contributor		10207	Registration Number, if PAC
Gregory N. Finnerty Law Office	P		registration Number, II PAC
Street Address	Employer/Occun	ation/Labor Organization*	M D Y Amount
85 E Gray Street #702			
City	State	Zip Code	102505 35.00 Form(Cash,Check,etc)
Columbus	OH	43215	Check
Full Name of Contributor		1 13 0	Registration Number, if PAC
Heather Lang			Substitution of the substi
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
3071 Birch Hollow Way		·	102505 10.00
	State	Zip Code	Form(Cash,Check,etc)
Columbus	OH	43231	Cash
Full Name of Contributor			Registration Number, if PAC
Don Shartzer		,	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
373 S High St.		-	102505 20.00
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	OIH	43215	Cash
Full Name of Contributor	<u> </u>		Registration Number, if PAC
Sean Boyle			,
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
490 Stigh Street	1	<del>-</del> ···	110 250 50.00
City	State	Zip Code	Form(Cash,Check,etc)
Columbus	0 14	43215	cash

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	
\$1010.00	

ota	exper	ditures	this event	
	_	0		

<sup>\*</sup> 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)]