

Event Date	05/26/05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE					
Full Name of Contributor JOYE E SAUNDERS				Registration Number, if PAC	
Street Address 3596 BREMEN ST	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City COLUMBUS	State O	Zip Code 43224	Form(Cash,Check,etc) CHECK		Amount 20.00
Full Name of Contributor KRISTOPHER A HAINES				Registration Number, if PAC	
Street Address 3572 JUNIPER ST	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City GROVE CITY	State O	Zip Code 43123	Form(Cash,Check,etc) CHECK		Amount 10.00
Full Name of Contributor AJITH A BALARATNARAJAH				Registration Number, if PAC	
Street Address 7444 MURRAYFIELD DRIVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 3
City WORTHINGTON	State O	Zip Code 43085	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor CATHERINE GIRVES				Registration Number, if PAC	
Street Address 2300 INDIANOLA AVENUE	Employer/Occupation/Labor Organization*		M 0	D 6	Y 0
City COLUMBUS	State O	Zip Code 43202	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor BRIAN G MILLER CO. L.P.A.				Registration Number, if PAC	
Street Address 175 SOUTH THIRD STREET ST 350	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 100.00
Full Name of Contributor SHAREEF RABAA				Registration Number, if PAC	
Street Address 5812 N HIGH ST	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City COLUMBUS	State O	Zip Code 43085	Form(Cash,Check,etc) CASH		Amount 100.00
Full Name of Contributor ANGELA ELLAS				Registration Number, if PAC	
Street Address 222 LETCHWORTH AVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City COLUMBUS	State O	Zip Code 43204	Form(Cash,Check,etc) CASH		Amount 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)]

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

Total expenditures this event

Page Total \$ **530.00**