Event Date	05/19/05
Page	1.2

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	etary of State 3/05				
Name of Committee in Full COMMITTEE TO ANDREA PEEPI	LES FOR IUDG	F.				
Full Name of Contributor	ELS I GIV JUDG	Registration Number, if PAC				
JENIFER J LOPEZ			3.5.0			
Street Address	Ermlover/Occupat	tion/Labor Organization*	M	D Y	Amount	
4289 VAUX LINK	Employen occupat	Employer/Occupation/Labor Organization*				50.00
	State	Zip Code		1 0 0 n,Check,etc)	3	50.00
City NICIAI A I D A NIV	I O H	43054	,	HECK		
NEW ALBANY	() 11	43034		on Number, if	PAC	
Full Name of Contributor			Registratio	ni Number, m	FAC	
SCOTT R BAIR	E1/O	tion/Labor Organization*	$+_{\rm M}$	D I V	A	
Street Address	Employer/Occupat	non/Labor Organization	1 1	$ \begin{array}{c cccc} D & Y \\ 1 & 9 & 0 \end{array} $	Amount	35.00
5159 WOODSIDE DRIVE		7 7 7			5	33.00
COLLINARIO		Zip Code	· · ·	n,Check,etc)		
COLUMBUS	ОН	43229		HECK		
Full Name of Contributor			Registratio	on Number, if	PAC	
RYAN P JOLLEY			М			
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*		D Y	Amount	
187 REGENTS RD				1 9 0	5	50.00
City		Zip Code	`	n,Check,etc)		
COLUMBUS	O H	43209		HECK		
Full Name of Contributor			Registratio	on Number, if	PAC	
WILLIAM G COUCH II						
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*		D Y	Amount	
721 KERR ST			0 5		5	50.00
City		Zip Code		n,Check,etc)		
COLUMBUS	O H	43215	· CI	HECK		
Full Name of Contributor	•		Registratio	on Number, if	PAC	
JEFF L CARSON						
Street Address	Employer/Occupat	tion/Labor Organization*		D Y	Amount	
7481 MORSE RD			0 5	1 9 0	5	50.00
City	State	Zip Code	Form(Cash	h,Check,etc)		
NEW ALBANY	O H	43054	CI	HECK		
Full Name of Contributor			Registratio	n Number, if	PAC	
TARA G STOKES						
Street Address	Employer/Occupat	tion/Labor Organization*	M	D Y	Amount	
845 ANNAGLADYS DR			0 5	1 9 0	5	25.00
City	State	Zip Code		n,Check,etc)		
COLUMBUS	$O \mid H \mid$	43085	CF	HECK		
Full Name of Contributor			Registratio	n Number, if	PAC	
PAUL SCOTT CO L.P.A.						
Street Address	Employer/Occupat	Employer/Occupation/Labor Organization*		D Y	Amount	
536 S HIGH ST				1 9 0	5	350.00
City	State	Zip Code		n,Check,etc)		
COLUMBUS	lo H	43215		HECK		
	1 1 7 1 55 1					

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		
825 OC)		Page Total \$	610.0

^{*} 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)]