

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ANDREA PEEPLES FOR JUDGE					
Full Name of Contributor JENIFER J LOPEZ				Registration Number, if PAC	
Street Address 4289 VAUX LINK	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City NEW ALBANY	State O	Zip Code 43054	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor SCOTT R BAIR				Registration Number, if PAC	
Street Address 5159 WOODSIDE DRIVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43229	Form(Cash,Check,etc) CHECK		Amount 35.00
Full Name of Contributor RYAN P JOLLEY				Registration Number, if PAC	
Street Address 187 REGENTS RD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43209	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor WILLIAM G COUCH II				Registration Number, if PAC	
Street Address 721 KERR ST	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor JEFF L CARSON				Registration Number, if PAC	
Street Address 7481 MORSE RD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City NEW ALBANY	State O	Zip Code 43054	Form(Cash,Check,etc) CHECK		Amount 50.00
Full Name of Contributor TARA G STOKES				Registration Number, if PAC	
Street Address 845 ANNAGLADYS DR	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43085	Form(Cash,Check,etc) CHECK		Amount 25.00
Full Name of Contributor PAUL SCOTT CO L.P.A.				Registration Number, if PAC	
Street Address 536 S HIGH ST	Employer/Occupation/Labor Organization*		M 0	D 5	Y 1
City COLUMBUS	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		Amount 350.00

* 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

825.00

Total expenditures this event

Page Total \$ **610.00**