

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge													
Full Name of Contributor Ted Barrows						Registration Number, if PAC							
Street Address 4834 Sarasota Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Hilliard		State OH		Zip Code 43026		M 07		D 20		Y 05		Amount 100.00	
Full Name of Contributor David Peterson						Registration Number, if PAC							
Street Address 4551 Huckleberry Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Hilliard		State OH		Zip Code 43026		M 07		D 12		Y 05		Amount 30.00	
Full Name of Contributor Bonnie Finneran						Registration Number, if PAC							
Street Address 5400 Deforest Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Columbus		State OH		Zip Code 43232		M 07		D 12		Y 05		Amount 10.00	
Full Name of Contributor Deanna Keppler						Registration Number, if PAC							
Street Address 465 S Parkview Ave Apt 22			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Bexley		State OH		Zip Code 43209		M 07		D 12		Y 05		Amount 10.00	
Full Name of Contributor Jackie Keller						Registration Number, if PAC							
Street Address 248 Maplewood Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City Whitehall		State OH		Zip Code 43213		M 07		D 18		Y 05		Amount 10.00	
Full Name of Contributor Arvella Simpson						Registration Number, if PAC							
Street Address 1308 Augmont Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Columbus		State OH		Zip Code 43207		M 07		D 18		Y 05		Amount 10.00	
Full Name of Contributor Barbara Williams						Registration Number, if PAC							
Street Address 1113 South James Road #23			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Columbus		State OH		Zip Code 43227		M 07		D 18		Y 05		Amount 10.00	
Full Name of Contributor Roxanne Tyree						Registration Number, if PAC							
Street Address 6635 Elm Park Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Galloway		State OH		Zip Code 43119		M 07		D 18		Y 05		Amount 10.00	

* 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)]