

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Peeples				
Full Name of Contributor Matthew T. Copp			Registration Number, if PAC	
Street Address 2291 Scioto Harper Dr.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43204	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Freeman Eagleson III			Registration Number, if PAC	
Street Address 98 Stornoway Dr. W	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43213	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Douglas A. Funkhouser			Registration Number, if PAC	
Street Address 1560 Vanelm St.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43228	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Rebecca Gooch			Registration Number, if PAC	
Street Address 336 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Matthew Halley			Registration Number, if PAC	
Street Address 52 W. Whittier St.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$40.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Eric Hoffman			Registration Number, if PAC	
Street Address 338 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Rasheeda Zamani Khan			Registration Number, if PAC	
Street Address 551 S. Grant Ave.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				

\* 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 also 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