

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge												
Full Name of Contributor Joshua T. Cox						Registration Number, if PAC						
Street Address 60 Sheffield Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43214		M 10		D 23		Y 05		Amount 25.00
Full Name of Contributor Jason Macke						Registration Number, if PAC						
Street Address 2319 N. Fourth St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43202		M 10		D 25		Y 05		Amount 50.00
Full Name of Contributor Teamsters Local Union No. 413 Drive Fund						Registration Number, if PAC						
Street Address 555 E. Rich Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43215		M 10		D 25		Y 05		Amount 100.00
Full Name of Contributor Columbus Franklin County AFL CIO PCE						Registration Number, if PAC						
Street Address 1545 Alum Creek Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43209		M 10		D 21		Y 05		Amount 200.00
Full Name of Contributor Kilroy for Commissioner						Registration Number, if PAC						
Street Address 3886 N. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43214		M 10		D 27		Y 05		Amount 250.00
Full Name of Contributor Jeffrey D Porter						Registration Number, if PAC						
Street Address 329 S. Richardson Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43204		M 10		D 24		Y 05		Amount 100.00
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
Full Name of Contributor Contributions from Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M 10		D 25		Y 05		Amount 1010.00

* 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)]

Page Total \$ **1735.00**