

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 Scott J. Varner			Registration Number, if PAC	
Street Address 1002 Hunter Ave.	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43201	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Geraldine Vaughn			Registration Number, if PAC	
Street Address 1245 Greenwood Ave.	Employer/Occupation/Labor Organization*		M 0	D 1
City Akron	State OH	Zip Code 44320	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor Michael H. Wander			Registration Number, if PAC	
Street Address 6631 Collingwood Dr.	Employer/Occupation/Labor Organization*		M 0	D 1
City Westerville	State OH	Zip Code 43082	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Alice J. Williams			Registration Number, if PAC	
Street Address 6623 Ravenal Ct., Apt. 2	Employer/Occupation/Labor Organization*		M 0	D 1
City Cincinnati	State OH	Zip Code 45213	Y 2	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Richanne M. Zymkoski			Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43207	Y 2	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Abe Bahgat Co. LPA			Registration Number, if PAC	
Street Address 338 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Charles C. Postlewaite, LLC			Registration Number, if PAC	
Street Address 3040 Riverside Dr., Ste. 122	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43221	Y 2	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

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Total expenditures this event.

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Page Total \$ **\$350.00**