

Event Date 10-25-05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge				
Full Name of Contributor Fraternal Order of Police Political Education Fund			Registration Number, if PAC	
Street Address 520 South High Street	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 300.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) check	
Full Name of Contributor Fornia, Luftman + Heck, LLP			Registration Number, if PAC	
Street Address Two Miranova Place Ste 380	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) check	
Full Name of Contributor Jenna S Fischberg			Registration Number, if PAC	
Street Address 1141 S Cassingham Rd	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 100.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc) check	
Full Name of Contributor Jennifer S. Thompson			Registration Number, if PAC	
Street Address 7482 Vista Lake Way	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 100.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc) check	
Full Name of Contributor Marchelle E Moore			Registration Number, if PAC	
Street Address 7918 Slate Ridge Blvd	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 80.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, etc) check	
Full Name of Contributor Bradley Hummel			Registration Number, if PAC	
Street Address 2101 Elgin Road	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) check	
Full Name of Contributor Stephen McIntosh			Registration Number, if PAC	
Street Address 799 Nob Hill Dr. W	Employer/Occupation/Labor Organization*		M D Y 10 25 05	Amount 50.00
City Gahanna	State OH	Zip Code 43230	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 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 \$ **780.00**