

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Andrea Peeples for Judge</b>			
Full Name of Contributor <b>Jeremy Dodgion AHy at Law L.P.A.</b>		Employer, Occupation, Labor Organization *	
Street Address <b>1188 S. High Street</b>		Description of Item or Service <b>Postage</b>	
City <b>Columbus</b>		M   D   Y   Fair Market Value <b>1   0   2   0   0   5   280.39</b>	
State   Zip Code <b>0   1   4   3   2   0   6</b>		Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>In-kind contributions received</b>		Employer, Occupation, Labor Organization *	
Street Address <b>at fundraising event of</b>		Description of Item or Service <b>\$250 or less</b>	
City		M   D   Y   Fair Market Value <b>1   0   2   5   0   5</b>	
State   Zip Code		Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>In-kind contributions received</b>		Employer, Occupation, Labor Organization *	
Street Address <b>at fundraising event of</b>		Description of Item or Service <b>\$250 or less</b>	
City		M   D   Y   Fair Market Value <b>1   1   0   4   0   5</b>	
State   Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M   D   Y   Fair Market Value	
State   Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M   D   Y   Fair Market Value	
State   Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M   D   Y   Fair Market Value	
State   Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M   D   Y   Fair Market Value	
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Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M   D   Y   Fair Market Value	
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Full Name of Contributor		Employer, Occupation, Labor Organization *	
Street Address		Description of Item or Service	
City		M   D   Y   Fair Market Value	
State   Zip Code		Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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)]