

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Carmen R. Cordova						Registration Number, if PAC			
Street Address 733 Grandon Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Bexley		State OH		Zip Code 43209		M 1	D 0	Y 5	Amount 30.00
Full Name of Contributor Paula V. Deming						Registration Number, if PAC			
Street Address 886 Middlebury Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State OH		Zip Code 43085		M 1	D 0	Y 5	Amount 25.00
Full Name of Contributor Colette A Yates						Registration Number, if PAC			
Street Address 273 Weydon Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Worthington		State OH		Zip Code 43085		M 1	D 0	Y 5	Amount 10.00
Full Name of Contributor Barbara J. Seckler						Registration Number, if PAC			
Street Address 274 Westwood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code		M 1	D 0	Y 7	Amount 50.00
Full Name of Contributor Kevin L Boyce for City Council Committee						Registration Number, if PAC			
Street Address 250 West Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code		M 0	D 6	Y 12	Amount 100.00
Full Name of Contributor Stephanie Howell						Registration Number, if PAC			
Street Address 5516 Cary Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43232		M 0	D 7	Y 2	Amount 20.00
Full Name of Contributor Joan Harris-Graves						Registration Number, if PAC			
Street Address 3323 Braewood Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45241		M 0	D 7	Y 2	Amount 250.00
Full Name of Contributor Si Sokol						Registration Number, if PAC			
Street Address 2346 Fishinger Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43221		M 0	D 7	Y 2	Amount 250.00

* 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)]