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## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Pe	eples			
Full Name of Contributor  Verlenda Harris			Registration Number, if PAC	
Street Address 106 S. Cherry Street	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.) Check
City Monticello	State AR	Zip Code 71655	0 2 1 1 1 1	Amount \$25.00
Full Name of Contributor  Vernetta L. Lewis	,		Registration Number, if	PAC
Street Address 1804 Crest Hill Ave.	Employer/Occupation/Labor Organization*		,	Form (Cash, Check, etc.) Check
City Cincinnati	State OH	Zip Code 45237	0 2 0 2 1 1	Amount \$10.00
Full Name of Contributor James E. Lowry			Registration Number, if PAC	
Street Address 2420 Larkfield Dr.	Employer/Occu	ipation/Labor Organization*	<b></b>	Form (Cash, Check, etc.) Check
City Cincinnati	State OH	Zip Code 45222	0 2 0 2 1	1
Full Name of Contributor  Kathy A. Owens			Registration Number, if	PAC
Street Address 2550 Tucker Trail	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Lewis Center	State OH	Zip Code 43035	0 2 0 2 1 1	Amount \$50.00
Full Name of Contributor Jane A. Peeples	·		Registration Number, if	PAC
Street Address 6401 Stoll Lane	Employer/Occu	pation/Labor Organization*	<u> </u>	Form (Cash, Check, etc.) Check
City Cincinnati	State OH	Zip Code 45236	0 2 0 9 1 1	Amount \$100.00
all Name of Contributor Adrienne Venson			Registration Number, if	PAC
Street Address 2201 Bear Valley Terrance	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Silver Spring	State MD	Zip Code 20906	0 2 1 0 1 1	Amount \$100.00
Full Name of Contributor Registration Num  Daryl Eric Young			Registration Number, if	PAC
Street Address 5624 Grant Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Merriffville	State IN	Zip Code 46410	M D Y 0 2 1 9 1 1	Amount \$25.00
Full Name of Contributor I.B.E.W C.O.P.E.	-	-	Registration Number, if	PAČ
Street Address 23 W. SECOND AVE.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43201	M D Y 0 2 0 7 1 1	Amount \$100.00

<sup>\*</sup> 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)]