

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peoples for Judge									
Full Name of Contributor Tammi Johnson						Registration Number, if PAC			
Street Address 5465 Longworth Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash		
City Columbus		State OH		Zip Code 43016		M 0		D 8	
						Y 05		Amount 10.00	
Full Name of Contributor Betty J. McCray						Registration Number, if PAC			
Street Address 6313 Elwynne			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code		M 1		D 0	
						Y 05		Amount 25.00	
Full Name of Contributor Kent Markus						Registration Number, if PAC			
Street Address 5636 Indian Hill Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin		State OH		Zip Code 43017		M 1		D 0	
						Y 05		Amount 200.00	
Full Name of Contributor Jeffrey Berndt Attorney at Law						Registration Number, if PAC			
Street Address 575 S. High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M 1		D 0	
						Y 05		Amount 50.00	
Full Name of Contributor Franklin County Democratic Lawyers PAC						Registration Number, if PAC			
Street Address 1141 S High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43206		M 1		D 0	
						Y 05		Amount 1250.00	
Full Name of Contributor Christopher J. Minnillo						Registration Number, if PAC			
Street Address 1500 W Third Ave Suite 400			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M 1		D 0	
						Y 05		Amount 100.00	
Full Name of Contributor J. Odell Seals						Registration Number, if PAC			
Street Address 6579 Rosemont Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Mason		State OH		Zip Code 45040		M 1		D 0	
						Y 05		Amount 100.00	
Full Name of Contributor Willa Garner						Registration Number, if PAC			
Street Address 6311 Elwynne Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH		Zip Code 45236		M 1		D 0	
						Y 05		Amount 35.00	

* 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)]

Page Total \$ 1770