

Event Date 04/14/05

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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 Peeples for Judge					
Full Name of Contributor LAUREL A BEATTY				Registration Number, if PAC	
Street Address 600 S. Grant Ave	Employer/Occupation/Labor Organization*		M 0	D 4	Y 05
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) CHECK		
Full Name of Contributor ROBERT CHILTON				Registration Number, if PAC	
Street Address 3736 TALIESIN PLACE	Employer/Occupation/Labor Organization*		M 0	D 4	Y 05
City COLUMBUS	State O	Zip Code 43219	Form(Cash,Check,etc) CHECK		
Full Name of Contributor MICHAEL SHAWN DINGUS				Registration Number, if PAC	
Street Address 213 POWHATAN AVE	Employer/Occupation/Labor Organization*		M 0	D 4	Y 05
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) CHECK		
Full Name of Contributor MICHAEL BROWN				Registration Number, if PAC	
Street Address 1142 PENNSYLVANIA AVE	Employer/Occupation/Labor Organization*		M 0	D 4	Y 05
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) CHECK		
Full Name of Contributor VORYS SATER SEYMOUR AND PEASE LLP ADVOCATE				Registration Number, if PAC OH109	
Street Address 52 E. GAY STREET	Employer/Occupation/Labor Organization*		M 0	D 4	Y 05
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) CHECK		
Full Name of Contributor STACEY LAMBRIGHT				Registration Number, if PAC	
Street Address 274 TIMBER HEARTH COURT	Employer/Occupation/Labor Organization*		M 0	D 4	Y 05
City NEWARK	State O	Zip Code 43055	Form(Cash,Check,etc) CHECK		
Full Name of Contributor MICHAEL MCCORD				Registration Number, if PAC	
Street Address 811 STRAWBERRY HILL RD	Employer/Occupation/Labor Organization*		M 0	D 4	Y 05
City Columbus	State O	Zip Code 43213	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

2250.00

Total expenditures this event

816.76

Page Total \$ **1,050.00**