Statement of Contributions Received

Prescribed by Secretary of State 3/05

N			· · · · · · · · · · · · · · · · · · ·					
Name of Committee in Full COMMITTEE TO ANDREA PEEPLES	S FOR 1	IUDG	Æ					
Full Name of Contributor					Registration Number, if PAC			
MICHAEL DERFLINGER JR								
Street Address	Employe	ет/Оссира	ation/Labor Organization*	· · · · · · · · · · · · · · · · ·	•		Form (Cash, Check, etc.)	
4295 TARBEN WOODS							CHECK	
City	St	ate	Zip Code	М	D	Y	Amount	
COLUMBUS	0	H	43230	0 5			100.00	
Full Name of Contributor Registration Number, if PAC								
ELIZABETH RAREY								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
8081 WORTHINGTON ROAD						CHECK		
City	i i	tate	Zip Code	M	D	Y	Amount	
GALENA	0	H	43021	0 5			100.00	
Full Name of Contributor				Registra	tion Nur	nber, if PA	C	
JEFFREY GREENBERG								
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
1742 RIVER RIDGE DRIVE							CHECK	
City	١ ـ	ate	Zip Code	M	D	Y	Amount	
SPRING VALLEY	O	Н	45370		2 2		100.00	
Full Name of Contributor				Registra	ition Nur	nber, if PA	C	
ELIZABETH M HARDEN								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
6404 STOLL LANE		.	I 4			T	CHECK	
City	_	tate	Zip Code	M	D	Y	Amount	
CINCINNATI	0	Н	45236	0 5			100.00	
Full Name of Contributor Registration Number, if PAC								
BARBARA RICH	Ir1						Farm (Carla Charla etc.)	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
2749 BELLA VIA AVE		ate	Zip Code	Тм	D	Y	CHECK Amount	
COLUMBIC	ار "ن	H H	43231	$\begin{bmatrix} M \\ 0 \end{bmatrix}$ 5	1 .	1 .	100.00	
COLUMBUS	10	- 11	43231					
Full Name of Contributor Registration Number, if PAC IOSEPH CAVANESS								
Street Address	Employ	er/Occurs	ation/Labor Organization*				Form (Cash, Check, etc.)	
106 DAVIS ROAD	Employer/Occupation/Labor Organization*				CHECK			
City	Si	ate	Zip Code	М	D	Y	Amount	
MONTICELLO	A	K	71655	1		0 5		
Full Name of Contributor			1 . 1000	_		nber, if PA		
KENT MARKUS						•		
Street Address	Employe	er/Occupa	ation/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)	
5636 INDIAN HILL RD							CHECK	
City	St	tate	Zip Code	М	D	Y	Amount	
DUBLIN	10	H	43017	1015	1016	0 5	100.00	
Full Name of Contributor		<u> </u>				nber, if PA		
YAVITCH & PALMER CO. L.P.A.								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
511 S. HIGH STREET						CHECK		
City	St	tate	Zip Code	М	D	Y	Amount	
COLUMBUS	0	H	43215	0 5	0 9	0 5	100.00	

* 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	\$ 725.00