

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Peeples				
Full Name of Contributor Stacy J. Slone			Registration Number, if PAC	
Street Address 246 W. Main St.	Employer/Occupation/Labor Organization*		M 0	D 1
City Mt. Sterling	State OH	Zip Code 43143	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Barbara K. Sokol			Registration Number, if PAC	
Street Address 2346 Fishinger Road	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Ira B. Sully			Registration Number, if PAC	
Street Address 844 S. Front Street	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Amy Todd			Registration Number, if PAC	
Street Address 3771 Woodford Rd.	Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus	State OH	Zip Code	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Marcella G. Trice			Registration Number, if PAC	
Street Address 4016 Tamworth Circle	Employer/Occupation/Labor Organization*		M 0	D 1
City Cincinnati	State OH	Zip Code 45213	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor G. Gary Tyack			Registration Number, if PAC	
Street Address 381 Loveman Ave.	Employer/Occupation/Labor Organization*		M 0	D 1
City Worthington	State OH	Zip Code 43085	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Lori M. Tyack			Registration Number, if PAC	
Street Address 4080 Chelsea Bridge Lane	Employer/Occupation/Labor Organization*		M 0	D 1
City Gahanna	State OH	Zip Code 43230	Y 1	Amount \$25.00
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 also 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

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Total expenditures this event.

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Page Total \$ **\$250.00**