

## 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 Joshua T. Cox				Registration Number, if PAC			
Street Address 60 Sheffield Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	1	\$50.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check			
Full Name of Contributor Mildred F. Cross				Registration Number, if PAC			
Street Address 1403 Hickory Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	\$25.00
City Pine Bluff		State AR	Zip Code 71601	Form (Cash, Check, etc.) Moneygram			
Full Name of Contributor Melvin J. Davis				Registration Number, if PAC			
Street Address 1221 Bruck Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	\$25.00
City Columbu		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check			
Full Name of Contributor Shawn M. Dingus				Registration Number, if PAC			
Street Address 111 W. Rich Street, Ste. 600		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	\$25.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash			
Full Name of Contributor Regina Drzewiecki				Registration Number, if PAC			
Street Address 5771 Wooden Plank Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	2	\$25.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Check			
Full Name of Contributor David L. Durr				Registration Number, if PAC			
Street Address 685 Collingswood Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	1	\$50.00
City Westerville		State OH	Zip Code 43081	Form (Cash, Check, etc.) Check			
Full Name of Contributor Marla H. Farbacher				Registration Number, if PAC			
Street Address 132 S. Center Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	1	1	\$25.00
City West Jefferson		State OH	Zip Code 43162	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 \$ **\$225.00**