

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 Robert S. Tobias			Registration Number, if PAC	
Street Address 4427 Wooded Nook Dr.	Employer/Occupation/Labor Organization*		M 0	D 2
City New Albany	State OH	Zip Code 43054	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Sam Weiner			Registration Number, if PAC	
Street Address 743 S. Front Street	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Cash				
Full Name of Contributor ABE BAHGAT CO LPA			Registration Number, if PAC	
Street Address 338 S HIGH ST	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor BRADLEY P. KOFFEL LLC			Registration Number, if PAC	
Street Address 2130 ARLINGTON AVE.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43221	Y 1	Amount \$500.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor CARPENTER LIPPS & LELAND LLP			Registration Number, if PAC	
Street Address 280 PLAZA, STE. 1300, 280 N. HIGH ST.	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor JEFFREY G. THOMPSON CO., L.P.A.			Registration Number, if PAC	
Street Address 601 S. HIGH STREET	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43215	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor JEREMY DODGION ATTORNEY AT LAW CO., L.P.A.			Registration Number, if PAC	
Street Address 1188 S. HIGH STREET	Employer/Occupation/Labor Organization*		M 0	D 2
City Columbus	State OH	Zip Code 43206	Y 1	Amount \$200.00
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 \$ **\$1,100.00**