31-E R.C. 3517.10(B)

Event Date	5/26/05
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05								
Name of Committee in Full										
	CT ANDREA PEEPLES FOR JUDGE				l	CD A				
Full Name of Contributor BARBARA RICH				Registration Number, if PAC						
Street Address	Employer/Occu	M	D	Y	_	Amount				
1398 HARRISON POND DRIVE		0 5	2 6	0	5		50.00			
City	State				Form(Cash,Check,etc)					
NEW ALBANY	O H	43054	CASH							
Full Name of Contributor			Registra	ation Nun	nber, i	if PA	С			
Street Address	Employer/Occu	М	D	Ŷ	, I	Amount	 ,			
City	State	Zip Code	Form(C	Cash,Chec	k,etc))				
Full Name of Contributor		Registration Number, if PAC								
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	, 	Amount			
City	State	Zip Code	Form(C	Cash,Chec	k,etc)					
full Name of Contributor				Registration Number, if PAC						
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y		Amount			
City	State	Zip Code	Form(Cash,Check,etc)							
Full Name of Contributor			Registra	ation Nur	nber, i	if PA	С			
Street Address	Employer/Occu	М	D	Ту	_	Amount				
Succi Address	Zinployen occu	Employer/Occupation/Labor Organization*				ı	z iniouni			
City	State	Zip Code	Form(C	ash,Chec	k,etc)					
			D '		,	·CDA				
Full Name of Contributor			Kegistr	ation Nun	nber,	II PA	C			
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	'	Amount			
City	State	Zip Code	Form(C	Cash,Chec	k,etc)					
Full Name of Contributor				Registration Number, if PAC						
	- In 1 10	7.1.0	М		Т.					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y		Amount			
City	State	State Zip Code		Form(Cash,Check,etc)						
		*** ** ** ** **								
equired for contributions from individuals over \$100 to statewide an vidual's business, if any, rather than employer should be listed. If tw	•			•						
vidual's business, if any, rather than employer should be listed. If two snization of which the employees are members, if any, must appear.		Controlle via payron deduction	and exceed	ı are aggr	cgatt	ու ֆ Լ	oo, uic labur			
ন-পর্কার										
Fill in the hoves helow only on the last name for this event										

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event

Total contributions this event	Total expenditures this event		
		Page Total \$	50.00

^{*} R indi