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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andren Peeples for Judge				
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC	
Andrea Reeples				
Street Address	Description of Item or Service		M D Y Fair Market Value	
5596 Winsor Woods	Postage		110014015 481.00	
City Columbus	O H	Žip Code 4323○	Received at Fundraising Event? YES NO	
Full Name of Contributor Andreu Peeples	Employer, Occupation, Labor Organization *		Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
5596 Winsor Woods	Postage		110 110 015 74,00	
City Calumbus	State	Zip Code 43230	Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC	
Rill Hedrick				
Street Address	Description of It	em or Service	M D Y Fair Market Value	
Street Address 838 Thurber Drive w. #22 City	Charit	ry Benetil	M D Y Fair Market Value 0 0 5 17500	
Columbus	State +	Zip Code 43215	Received at Fundraising Event? YES NO	
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC	
In-Kind Contributions received	at fund valsing even Description of Item or Service		to \$250 on loss	
Street Address	Description of It	em or Service	M D Y Fair Market Value	
			062305	
City	State	Zip Code	Received at Fundraising Event? YES NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC	
In kind Contributions recei	upd at fundraising a		vent of \$250 aloss	
Street Address	Description of Item or Service		M D Y Fair Market Value	
			1016 30 015	
City	State	Zip Code	Received at Fundraising Event?	
			YES NO	
Full Name of Contributor	Employer, Occur	pation, Labor Organization *	Registration Number, if PAC	
In kind Contributions recei	upd at fundraising		Ruent of \$250 as 655 M D Y Fair Market Value	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	State	Zip Code	Received at Fundraising Event?	
			YESNO	
Full Name of Contributor The Kind Contributions ree	Employer, Occup	pation, Labor Organization * Fond 10/5406	Registration Number, if PAC	
Street Address	Description of Item or Service		M D Y Fair Market Value	
VA sometimes			M D Y Fair Market Value	
City	State	Zip Code	YES NO	
Full Name of Contributor		pation, Labor Organization *	Registration Number, if PAC	
In kind contributions vec		af Andraising	revent of \$250 a loss	
Street Address	Description of Item or Service		M D Y Fair Market Value	
City	Stata	Zip Code	Received at Fundraising Event?	
City	State	Zip Code	YES NO	
			, <u></u> ,	

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^{*} 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)]