

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee to Elect Andrea Peeples for Judge</b>			
Full Name of Contributor <b>Andrea Peeples</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>5596 Winsor Woods</b>	Description of Item or Service <b>Postage</b>	M   D   Y <b>1   0   0   4   0   5</b>	Fair Market Value <b>481.00</b>
City <b>Columbus</b>	State   Zip Code <b>0   H   43230</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Andrea Peeples</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>5596 Winsor Woods</b>	Description of Item or Service <b>Postage</b>	M   D   Y <b>1   0   1   0   0   5</b>	Fair Market Value <b>74.00</b>
City <b>Columbus</b>	State   Zip Code <b>0   H   43230</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Bill Hedrick</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>838 Thorber Drive w. #22</b>	Description of Item or Service <b>Charity Benefit</b>	M   D   Y <b>0   6   1   1   0   5</b>	Fair Market Value <b>175.00</b>
City <b>Columbus</b>	State   Zip Code <b>0   H   43215</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>In-kind Contributions received at fundraising event of \$250 or less</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y <b>0   6   2   3   0   5</b>	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>In-kind Contributions received at fundraising event of \$250 or less</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y <b>0   6   3   0   0   5</b>	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>In-kind Contributions received at fundraising event of \$250 or less</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y <b>0   9   1   3   0   5</b>	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>In-kind Contributions received at fundraising event of \$50 or less</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y <b>0   9   2   1   0   5</b>	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>In-kind contributions received at fundraising event of \$250 or less</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M   D   Y <b>1   0   1   8   0   5</b>	Fair Market Value
City	State   Zip Code	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

\* 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)]