

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peeples for Judge									
Full Name of Contributor Ariane R. Young						Registration Number, if PAC			
Street Address 1950 Roosevelt PL			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Gary		State IN	Zip Code 46404		M 10	D 23	Y 05	Amount 200.00	
Full Name of Contributor Yvonne B Clark						Registration Number, if PAC			
Street Address 4706 Brownstone Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Houston		State TX	Zip Code 77053		M 10	D 23	Y 05	Amount 20.00	
Full Name of Contributor Jane A. Peeples						Registration Number, if PAC			
Street Address 6401 Stoll Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Cincinnati		State OH	Zip Code 45236		M 10	D 23	Y 05	Amount 50.00	
Full Name of Contributor Alta Emerson						Registration Number, if PAC			
Street Address 7959			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Credit Card		
City Vienna		State VA	Zip Code 22182		M 10	D 21	Y 05	Amount 100.00	
Full Name of Contributor Tori Parker						Registration Number, if PAC			
Street Address 833 Lindenhaven Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Grahamma		State OH	Zip Code 43230		M 10	D 23	Y 05	Amount 75.00	
Full Name of Contributor Paula J. Lloyd						Registration Number, if PAC			
Street Address 8055 Fairway Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43235		M 10	D 23	Y 05	Amount 25.00	
Full Name of Contributor Brenda J. Davis						Registration Number, if PAC			
Street Address 6340 Autumn Crest Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Westerville		State OH	Zip Code 43082		M 10	D 20	Y 05	Amount 30.00	
Full Name of Contributor J. Tyler Rogers						Registration Number, if PAC			
Street Address 44 Pickett Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City New Albany		State OH	Zip Code 43054		M 10	D 20	Y 05	Amount 200.00	

* 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)]

Page Total \$ 700.00