

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to Elect Andrea Peebles for Judge									
Full Name of Contributor Elizabeth Rarey						Registration Number, if PAC			
Street Address 8001 Worthington Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Galena		State OH		Zip Code 43021		M 09		D 23	
						Y 05		Amount 20.00	
Full Name of Contributor L. D. Scott						Registration Number, if PAC			
Street Address 409 Kennedy Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order		
City Monticello		State AR		Zip Code 71655		M 09		D 14	
						Y 05		Amount 243.84	
Full Name of Contributor L. D. Scott						Registration Number, if PAC			
Street Address 409 Kennedy Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Money Order		
City Monticello		State AR		Zip Code 71655		M 09		D 14	
						Y 05		Amount 36.00	
Full Name of Contributor David Pritchard						Registration Number, if PAC			
Street Address 1351 W First Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State OH		Zip Code 43212		M 09		D 27	
						Y 05		Amount 100.00	
Full Name of Contributor Philomena M. Dane						Registration Number, if PAC			
Street Address 4250 Rowanne Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43214		M 09		D 27	
						Y 05		Amount 100.00	
Full Name of Contributor Greg R Wehrer						Registration Number, if PAC			
Street Address 514 W 3rd Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43201		M 09		D 29	
						Y 05		Amount 100.00	
Full Name of Contributor Patrick Delaney						Registration Number, if PAC			
Street Address 2308 Lackey Meadows Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Delaware		State OH		Zip Code 43015		M 09		D 29	
						Y 05		Amount 100.00	
Full Name of Contributor Michael L Silberstein						Registration Number, if PAC			
Street Address 1088 Fountain Lane Apt. F			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City Columbus		State OH		Zip Code 43213		M 10		D 01	
						Y 05		Amount 100.00	

* 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 \$ **799.84**