

Event Date 5/06/05

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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE							
Full Name of Contributor TIMOTHY J NANGAN				Registration Number, if PAC			
Street Address 873 FALKIRK CT		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City PICKERINGTON	State O	H	Zip Code 43147	Form(Cash,Check,etc) CHECK			
Full Name of Contributor KATHY A OWENS				Registration Number, if PAC			
Street Address 2550 TUCKER TRAIL		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City LEWIS CENTER	State O	H	Zip Code 43035	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JAMES VERGALLITO III				Registration Number, if PAC			
Street Address 204 E. ROYAL FOREST BLVD		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	25.00
City COLUMBUS	State O	H	Zip Code 43214	Form(Cash,Check,etc) CHECK			
Full Name of Contributor JENIFER S THOMPSON				Registration Number, if PAC			
Street Address 7482 VISTA LAKE WAY		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City POWELL	State O	H	Zip Code 43232	Form(Cash,Check,etc) CHECK			
Full Name of Contributor AARON L GRANGER				Registration Number, if PAC			
Street Address 3293 SAINT BERNARD CIR		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	60.00
City COLUMBUS	State O	H	Zip Code 43232	Form(Cash,Check,etc) CHECK			
Full Name of Contributor LEE A DARDEN				Registration Number, if PAC			
Street Address 5942 CLIPPER LANDING DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	50.00
City COLUMBUS	State O	H	Zip Code 43228	Form(Cash,Check,etc) CHECK			
Full Name of Contributor MICHAEL WANDER				Registration Number, if PAC			
Street Address 6631 COLLINGWOOD DRIVE		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	5	0	40.00
City WESERVILLE	State O	H	Zip Code 43082	Form(Cash,Check,etc) CHECK			

* 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)]

Fill in the boxes below only on the last page for this event.

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

Total contributions this event

Total expenditures this event

Page Total \$ 325.00