

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 Jane Peebles						Registration Number, if PAC						
Street Address 6401 Stoll Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Cincinnati		State 011		Zip Code 45236		M 016		D 215		Y 015		Amount 90.00
Full Name of Contributor Susan Ashbrook						Registration Number, if PAC						
Street Address 2994 Crescent Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State 014		Zip Code 43204		M 110		D 119		Y 015		Amount 50.00
Full Name of Contributor Geraldine Vaughn						Registration Number, if PAC						
Street Address 2045 Greenwood Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash					
City Akron		State 014		Zip Code 44320		M 080		D 090		Y 015		Amount 40.00
Full Name of Contributor Patsy Ann Thomas						Registration Number, if PAC						
Street Address 5689 Plum Orchard Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Columbus		State 014		Zip Code 43213		M 110		D 114		Y 015		Amount 100.00
Full Name of Contributor Doris Frye						Registration Number, if PAC						
Street Address 6390 Lamberton Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Middletown		State 014		Zip Code 45044		M 110		D 117		Y 015		Amount 150.00
Full Name of Contributor Mary Sylvester						Registration Number, if PAC						
Street Address 6316 Elwynne Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check					
City Cincinnati		State 014		Zip Code 45236		M 110		D 117		Y 015		Amount 25.00
Full Name of Contributor Veda Wilburn						Registration Number, if PAC						
Street Address 2713 Spinners Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Chesapeake		State VA		Zip Code		M 019		D 012		Y 015		Amount 100.00
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount

* 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 \$ 555.00