

# Statement of 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>ADAM ELIOT</b>					Registration Number, if PAC		
Street Address <b>400 S. FIFTH ST</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>30.00</b>	
Full Name of Contributor <b>CARA ORR</b>					Registration Number, if PAC		
Street Address <b>139 WESTVIEW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>TIM MANGAN</b>					Registration Number, if PAC		
Street Address <b>873 FALKIRK CT</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>PICKAWAY</b>	State <b>O   H</b>	Zip Code <b>43147</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>JEFFREY BENNINGTON</b>					Registration Number, if PAC		
Street Address <b>508 SPRINGHOLLOW ROAD</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>CIRCLEVILLE</b>	State <b>O   H</b>	Zip Code <b>43113</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>BILL HEDRICK</b>					Registration Number, if PAC		
Street Address <b>838 THURBER DRIVE WEST APT22</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>CASH</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0   5</b>	D <b>2   6</b>	Y <b>0   5</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0   4</b>	D <b>1   4</b>	Y <b>0   5</b>	Amount <b>2,250.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0   5</b>	D <b>0   6</b>	Y <b>0   5</b>	Amount <b>1,025.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31-E</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M <b>0   5</b>	D <b>1   9</b>	Y <b>0   5</b>	Amount <b>825.00</b>	

\* 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 \$ **4,180.00**