Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full	יד זכיי	C EO	D II IDCE						
COMMITTEE TO ELECT ANDREA PE	EPLE	S FU	K JUDGE				· ·		
Full Name of Contributor					Registration Number, if PAC				
ADAM ELIOT	In 1	<i>'</i> O'	· 7.1				F (C1. Cl.	14-	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.) CASH		
400 S. FIFTH ST	Sta	nte	Zip Code	Тм	D	Y	Amount		
City COLUMBUS	0	Н	43215	0 5	2 6	0 5		30.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .		
CARA ORR									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
139 WESTVIEW							CASH		
COLLINABLIC	Sta	ate H	Zip Code 43214	M		Y	Amount	10.00	
COLUMBUS	O	11	43214	0 5				10.00	
Full Name of Contributor TIM MANGAN									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
873 FALKIRK CT	Linploye	1/ Оссира	ation Pason Organization				CASH		
City	Sta	ate	Zip Code	М	D	Y	Amount		
PICKAWAY	0	Н	43147	0 5				10.00	
Full Name of Contributor		-				ber, if PA	AC .		
JEFFREY BENNINGTON									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	eck, etc.)	
508 SPRINGHOLLOW ROAD							CASH		
City	Sta	ate	Zip Code	М	D	Y	Amount		
CIRCLEVILLE	0	Н	43113	0 5	2 6	0 5	ļ	20.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	\C		
BILL HEDRICK									
Street Address	Employe	r/Occupa	ation/Labor Organization*	_			Form (Cash, Check, etc.)		
838 THURBER DRIVE WEST APT22							CASH_		
City	Sta		Zip Code	M	D	Y	Amount	40.00	
COLUMBUS	0	H	43215		2 6		<u></u>	10.00	
Full Name of Contributor Registration Number, if PAC									
CONTRIBUTIONS FROM FORM 31-E									
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	eck, etc.)	
			[g:_ G-1-	T 32	T -	T 1,7			
City	St	ate I	Zip Code	M	D	$\begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix} 5$	Amount	2,250.00	
Evil Name of Contributor								2,230.00	
Full Name of Contributor CONTRIBUTIONS FROM FORM 31-E							ic .		
Street Address Employer/Occupation/Labor Organization* Form (Cash, Cher								eck. etc.)	
Sueet Address	Employe	поссир	auois Daboi Oiganization				Tom (Cash, Ch	cck, cic.)	
City	Sta	ate	Zip Code	М	D	Y	Amount		
			1	1015	0 6	0 5		1,025.00	
Full Name of Contributor						ber, if PA			
CONTRIBUTIONS FROM FORM 31-E									
Street Address	Employer/Occupation/Labor Organization*					***	Form (Cash, Check, etc.)		
City	St	ate	Zip Code	М	D	Y	Amount		
				05	1 9	0 5		825.00	

Page Total \$ 4,180.00

^{*} 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)]