

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Peeples					
Full Name of Contributor Anne M. Murray				Registration Number, if PAC	
Street Address 1594 Cambridge Blvd.		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Ronda K. Nutt				Registration Number, if PAC	
Street Address 1424 Dubay Ave.		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43219	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kinsley F. Nyce				Registration Number, if PAC	
Street Address 1601 W. Fifth Ave., No. 112		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Calvin L. Peeples				Registration Number, if PAC	
Street Address 6401 Stoll Lane		Employer/Occupation/Labor Organization*		M 0	D 1
City Cincinnati		State OH	Zip Code 45236	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jane A. Peeples				Registration Number, if PAC	
Street Address 6401 Stoll Lane		Employer/Occupation/Labor Organization*		M 0	D 1
City Cincinnati		State OH	Zip Code 45326	Y 1	Amount \$60.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Richard C. Pfeiffer, Jr.				Registration Number, if PAC	
Street Address 238 Royal Forest Blvd.		Employer/Occupation/Labor Organization*		M 0	D 1
City Columbus		State OH	Zip Code 43214	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Elizabeth Rarey				Registration Number, if PAC	
Street Address 6001 Worthington Galena Rd.		Employer/Occupation/Labor Organization*		M 0	D 1
City Galena		State OH	Zip Code 43021	Y 1	Amount \$100.00
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 also 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

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Total expenditures this event.

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Page Total \$ **\$460.00**