

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

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Full Name of Committee <i>Committee to Elect Andrea Peebles for Judge</i>						Registration Number if PAC or COUNTY BOARD OF ELECTIONS	
Full Name of Candidate <i>Andrew C Peebles</i>							
Street Address <i>21 E. State Street, 12<sup>th</sup> Floor</i>					Office Sought <i>Franklin County Municipal Court Judge</i>		District
City <i>Columbus</i>					State <i>OH</i>	Zip Code <i>43215</i>	
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		<i>M 1 1 0 8 0 5</i>	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	<i>0</i>	<i>00</i>
2. Total monetary contributions (From Form No. 31-A)	\$	<i>350</i>	<i>00</i>
3. Total other income (From Form No. 31-A-2)	\$	<i>7500</i>	<i>00</i>
4. Total funds available (sum of lines 1, 2, 3)	\$	<i>7850</i>	<i>00</i>
5. Total monetary expenditures (From Form No. 31-B)	\$	<i>450</i>	<i>00</i>
6. Balance on hand (line 4 minus line 5)	\$	<i>7400</i>	<i>00</i>
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	<i>168</i>	<i>19</i>
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	<i>0</i>	<i>00</i>
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	<i>7500</i>	<i>00</i>
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	<i>0</i>	<i>00</i>
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	<i>0</i>	<i>00</i>
12. Value of independent expenditures made (From Form No. 31-U)	\$	<i>0</i>	<i>00</i>
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

*John P. Corp.* Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

*John P. Corp.*  
Signature

*04/15/05*  
Date

Contribution pages *2*

Expenditure pages *2*

Other pages *2*

Total pages *7*

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Elect Andrea Peeples for Judge</b>							
Full Name of Contributor <b>Richard Borrer</b>					Registration Number, if PAC		
Street Address <b>3036 Leeds Road</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>1</b>	Y <b>24</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Mark A. Serrott</b>					Registration Number, if PAC		
Street Address <b>789 Northwest Blvd A</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	M <b>0</b>	D <b>3</b>	Y <b>16</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Mae Kathryn Young</b>					Registration Number, if PAC		
Street Address <b>1300 W. 13th Ave</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Gary</b>	State <b>IN</b>	Zip Code <b>46407</b>	M <b>0</b>	D <b>4</b>	Y <b>06</b>	Amount <b>50.00</b>	
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	
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	
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	
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	
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 over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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)

# In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Elect Andrea Peeples for Judge</b>				
Full Name of Contributor <b>Andrea C. Peeples</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5596 Winsor Woods Drive</b>		Description of Item or Service <b>Badges</b>		M   D   Y   Fair Market Value <b>0   3   0   2   0   5   12.79</b>
City <b>Gahanna,</b>		State <b>OH</b>	Zip Code <b>43230</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor <b>Andrea C. Peeples</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>5596 Winsor Woods Drive</b>		Description of Item or Service <b>Internet Services</b>		M   D   Y   Fair Market Value <b>0   3   0   8   0   5   155.40</b>
City <b>Gahanna,</b>		State <b>OH</b>	Zip Code <b>43230</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* Required for contributions from individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton 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)]

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Elect Adrea Peeples for Judge</b>													
To Whom Paid <b>Expenditures from Form 31-F</b>							M	D	Y	Amount			
							0	4	1	4	0	5	450.00
Address					Purpose								
City			State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount			
Address					Purpose								
City			State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount			
Address					Purpose								
City			State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount			
Address					Purpose								
City			State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount			
Address					Purpose								
City			State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount			
Address					Purpose								
City			State	Zip Code	Check Number								
To Whom Paid							M	D	Y	Amount			
Address					Purpose								
City			State	Zip Code	Check Number								

Event Date	04/14/05 #####
Page	5

# Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Committee to Andrea Peoples for Judge</b>									
To Whom Paid <b>The Hawk Galleries</b>					M	D	Y	Amount	
					0	3	31	05	450.00
Address <b>153 E. Main St.</b>			Purpose <b>Venue Rental</b>						
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	Check Number <b>1001</b>					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					
To Whom Paid					M	D	Y	Amount	
Address			Purpose						
City		State	Zip Code	Check Number					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$	<u>450.00</u>
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# Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Elect ANDREA PEEPLES for JUDGE</b>						
Full Name <b>Calvin L. Peoples - Loan to Committee from 31-C</b>				Registration Number, if PAC		
Address <b>6401 Stoll Lane</b>		Type* <b>LN</b>	M   D   Y <b>03   16   05</b>		Amount <b>7,500.00</b>	
City <b>Cincinnati</b>		State <b>OH</b>	Zip Code <b>45236</b>		Form (Cash, Check, etc.) <b>Check</b>	
Full Name				Registration Number, if PAC		
Address		Type*	M   D   Y		Amount	
City		State	Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC		
Address		Type*	M   D   Y		Amount	
City		State	Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC		
Address		Type*	M   D   Y		Amount	
City		State	Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC		
Address		Type*	M   D   Y		Amount	
City		State	Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC		
Address		Type*	M   D   Y		Amount	
City		State	Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC		
Address		Type*	M   D   Y		Amount	
City		State	Zip Code		Form (Cash, Check, etc.)	
Full Name				Registration Number, if PAC		
Address		Type*	M   D   Y		Amount	
City		State	Zip Code		Form (Cash, Check, etc.)	

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.