

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 Karen Held-Phipps				Registration Number, if PAC	
Street Address 4333 Reed Rd.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Bradley Hummell				Registration Number, if PAC	
Street Address 2101 Elgin Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Janet E. Jackson				Registration Number, if PAC	
Street Address 2865 Castlewood Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) Check		Amount \$50.00
Full Name of Contributor Geri L. Johnson				Registration Number, if PAC	
Street Address 10308 Crestland Ct.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Cincinnati	State OH	Zip Code 45251	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor Ryan P. Jolley				Registration Number, if PAC	
Street Address 187 Regents Road	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check		Amount \$25.00
Full Name of Contributor William Jones				Registration Number, if PAC	
Street Address 142 Winston Dr.	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Hamilton	State OH	Zip Code 45013	Form (Cash, Check, etc.) Check		Amount \$100.00
Full Name of Contributor Steven Larson				Registration Number, if PAC	
Street Address 283 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 1	Y 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$50.00

* 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 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 \$ **\$400.00**