

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ANDREA PEEPLES FOR JUDGE					
Full Name of Contributor MARLENE EADER				Registration Number, if PAC	
Street Address 481 PEALE CT	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 5	Amount 40.00	
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CASH		
Full Name of Contributor ROB EMRICH				Registration Number, if PAC	
Street Address 731 KERR STREET	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 5	Amount 25.00	
City COLUMBUS	State O H	Zip Code 43215	Form(Cash,Check,etc) CHECK		
Full Name of Contributor MICAH BERMAN				Registration Number, if PAC	
Street Address 136 S ROOSEVELT AVE	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 5	Amount 50.00	
City COLUMBUS	State O H	Zip Code 43209	Form(Cash,Check,etc) CHECK		
Full Name of Contributor KEVIN S HAIRSTON				Registration Number, if PAC	
Street Address 215 MAYBANK COURT	Employer/Occupation/Labor Organization*		M D Y 0 5 1 3 0 5	Amount 50.00	
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CHECK		
Full Name of Contributor HEATHER HISSOM				Registration Number, if PAC	
Street Address 463 CANTERWOOD CT	Employer/Occupation/Labor Organization*		M D Y 0 5 1 9 0 5	Amount 50.00	
City GAHANNA	State O H	Zip Code 43230	Form(Cash,Check,etc) CASH		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)		

* 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)]

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

Total expenditures this event

Page Total \$ 215.00