

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Re-Elect Judge Peeples													
Full Name of Contributor Contributions from form No. 31-E							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M 0		D 1		Y 2		Amount \$4,235.00	
Full Name of Contributor Contributions from form No. 31-E							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M 0		D 2		Y 1		Amount \$3,670.00	
Full Name of Contributor Contributions from form No. 31-E							Registration Number, if PAC						
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)						
City		State OH		Zip Code		M 0		D 3		Y 2		Amount \$145.00	
Full Name of Contributor VORYS, SATER, SEYMOUR AND PEASE LLP							Registration Number, if PAC						
Street Address 52 EAST GAY ST.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43216		M 0		D 1		Y 2		Amount \$1,000.00	
Full Name of Contributor Janet L. Bachman							Registration Number, if PAC						
Street Address 3525 Castle Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Alexandria		State OH		Zip Code 43001		M 0		D 2		Y 2		Amount \$25.00	
Full Name of Contributor John H. Bates							Registration Number, if PAC						
Street Address 496 S. High Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43215		M 0		D 2		Y 0		Amount \$25.00	
Full Name of Contributor Linda L. Childs-Jeter							Registration Number, if PAC						
Street Address 1033 Adams Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Cincinnati		State OH		Zip Code 45215		M 0		D 2		Y 0		Amount \$25.00	
Full Name of Contributor Ruby Emerson							Registration Number, if PAC						
Street Address 516 Holly Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check						
City Mc Cee		State AR		Zip Code 71654		M 0		D 2		Y 0		Amount \$220.00	

* 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)]