

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC			
Committee to Elect Andrea Peeples for Judge							
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Aaron E Markel				0	6	30	25.00
Street Address		City		Form (Cash, Check, etc)			
9540 Shawnee Trail		Powell		check			
State		Zip Code		Registration Number, if PAC			
OH		43065					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
J. Jason Click				0	6	30	25.00
Street Address		City		Form (Cash, Check, etc)			
1415 Doten Avenue		Columbus		Check			
State		Zip Code		Registration Number, if PAC			
OH		43212					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Erin Neville				0	6	30	25.00
Street Address		City		Form (Cash, Check, etc)			
7582 Gordon Circle		Columbus		Check			
State		Zip Code		Registration Number, if PAC			
OH		43206					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Jeremy Dodgion Attorney at Law				0	6	30	50.00
Street Address		City		Form (Cash, Check, etc)			
1188 S. High Street		Columbus		Check			
State		Zip Code		Registration Number, if PAC			
OH		43206					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Adam H. Trantner				0	6	30	25.00
Street Address		City		Form (Cash, Check, etc)			
5507 Albany Wood Ct		New Albany		check			
State		Zip Code		Registration Number, if PAC			
OH		43054					
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form (Cash, Check, etc)			
State		Zip Code		Registration Number, if PAC			
Full Name of Contributor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
Street Address		City		Form (Cash, Check, etc)			
State		Zip Code		Registration Number, if PAC			

* 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

150.00

0

Page Total \$ 150.00