

Event Date	05/06/05
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full COMMITTEE TO ELECT ANDREA PEEPLES FOR JUDGE					
Full Name of Contributor VERNON PRINGLE				Registration Number, if PAC	
Street Address 184 NELSON ROAD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City LEBANON	State O	Zip Code 45036	Form(Cash,Check,etc) CHECK		
Full Name of Contributor JOSEPH MAS				Registration Number, if PAC	
Street Address 206 HIAWATHA AVE	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City WESTERVILLE	State O	Zip Code 43081	Form(Cash,Check,etc) CHECK		
Full Name of Contributor JOSHUA COX				Registration Number, if PAC	
Street Address 60 SHEFFIELD ROAD	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City COLUMBUS	State O	Zip Code 43214	Form(Cash,Check,etc) CHECK		
Full Name of Contributor OTTO BEATTY III				Registration Number, if PAC	
Street Address 600 S. GRANT STREET	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City COLUMBUS	State O	Zip Code 43206	Form(Cash,Check,etc) CHECK		
Full Name of Contributor JOYE SAUNDERS				Registration Number, if PAC	
Street Address 3596 BREMEN STREET	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City COLUMBUS	State O	Zip Code 43224	Form(Cash,Check,etc) CHECK		
Full Name of Contributor STEPHEN L. MCINTOSH				Registration Number, if PAC	
Street Address 799 NOB HILL DR.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City GAHANNA	State O	Zip Code 43230	Form(Cash,Check,etc) CHECK		
Full Name of Contributor JEFFREY S. FURBEE				Registration Number, if PAC	
Street Address 969 WOODHILL DR.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 0
City COLUMBUS	State O	Zip Code 43212	Form(Cash,Check,etc) CHECK		

* 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

1025.00

Total expenditures this event

285.00

Page Total \$ 500.00