

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 Peoples for Judge							
Full Name of Contributor				Registration Number, if PAC			
Steven Larson							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
518 N. Park Street				0	9	13	50.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
Harry B Reinhart							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
400 S. Fifth Street				0	9	13	50.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
I.B.E.W. - C.O.P.E.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
900 Seventh				0	9	13	250.00
City	State	Zip Code		Form (Cash, Check, etc)			
Washington	D	C 20001		Check			
Full Name of Contributor				Registration Number, if PAC			
Daniel B Miller							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8241 Longhorn Road				0	9	13	50.00
City	State	Zip Code		Form (Cash, Check, etc)			
Powell	OH	43065		Check			
Full Name of Contributor				Registration Number, if PAC			
Stephen L. McIntosh							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
799 Nob Hill Drive				0	9	13	50.00
City	State	Zip Code		Form (Cash, Check, etc)			
Gahanna	OH	43230		Check			
Full Name of Contributor				Registration Number, if PAC			
David J Levoff							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
244 Collins Avenue				0	9	13	100.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43215					
Full Name of Contributor				Registration Number, if PAC			
Richard C. Pfeiffer, Jr							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
238 E. Royal Forest Blvd				0	9	13	350.00
City	State	Zip Code		Form (Cash, Check, etc)			
Columbus	OH	43214					

* 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 \$ 900.00