Event Date	8/10/11
Page 2	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-Elect Judge Peepl	es						
To Whom Paid	M	D Y.	Amount				
Daniel B. Miller		9 1 1	1				
Address	s Purpose						
87 E. Torrence Rd.	Reimburs	Reimbursement for food, drinks, and tickets at Clippers game fundraiser					
City	Stalte	Zip Code	Check Number				
Columbus	ОН	43214	1076				
	- 011	011		M D Y Amount			
To Whom Paid					rtinoust		
Address	Purpose	·					
City	State	Zip Code	Check Number				
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Address	Purpose	. <u></u> ::					
City	State	Zip Code	Check Numl	Check Number			
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To Whom Paid			M	Y	Amount		
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City	State	Zip Code	Check Numb	er			
	OH						
To Whom Paid		<u> </u>	- М Т	Y	Amount		
Address	Purpose						
City	State Zip Code		Check Number				
City	ОН	1 1 .					
To Whom Paid		· · · · · · · · · · · · · · · · · · ·	M	Yı	Amount		
Address	Purpose	Purpose					
	1						
City	State	Zip Code	Check Numb	er			
	ОН	1					
			<u> </u>				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$770.41
Page Total \$