## Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	2/17/11	
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	Prescribed by Secret	ary of State 03/05	
Name of Committee in Full  Committee to Re-Elect Judge Peeple	es	·	
Full Name of Contributor Robert F. Krapenc			Registration Number, if PAC
Street Address 601 S. High St., 1st Floor	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 2 1 7 1 1 \$150.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Steve Larson			Registration Number, if PAC
Street Address 283 S. 3rd Street	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 2 1 7 1 1 \$100.00
City Columbus	Sta ic OH	Zip Code 43215	Form (Cash, Check, etc.) Cash
Full Name of Contributor David P. Rieser			Registration Number, if PAC
Street Address 844 S. Front Street	Employer/Occup	ation/Labor Organization*	0 2 1 7 1 1 \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check
Full Name of Contributor Keith Schneider			Registration Number, if PAC
Street Address 250 Civic Center Dr.		ation/Labor Organization*	0 2 1 7 1 1 S25.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)  Cash
Full Name of Contributor Lizett Schreiber			Registration Number, if PAC
Street Address 2129 Parklawn Dr.	Employer/Occup	ation/Labor Organization*	0 2 1 7 1 Amount \$40.00
City Lewis Center	OH State	Zip Code 43035	Form (Cash, Check, etc.) Cash
Full Name of Contributor Terry K. Sherman			Registration Number, if PAC
Street Address 175 S. Merkle Rd.	Employer/Occup	ation/Labor Organization*	0 2 1 7 1 Amount \$250.00
City Columbus	Sta <sup>l</sup> te OH	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Jodi L. Thomas			Registration Number, if PAC
Street Address 1163 Gwyndale Dr.	Employer/Occup.	ation/Labor Organization*	0 2 1 7 1 Amount \$100.00
City New Albany	Stat to OH	Zip Code 43054	Form (Cash, Check, etc.) Check
* Required for contributions from individuals over \$\frac{1}{2}\$ the individual's business, if any, rather than employe labor organization of which the employees are member in the boxes below only on the last page for this extent to form	r should be listed. If two or more bers, if any, must also appear. [R vent.	e employees contribute via pagC. 3517.10(B)(4)]	yroll deduction and exceed the aggregate of \$100, the

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 \$ \$765.00