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

Event Date 3/21/11	
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Prescribed by Secretary of State 03/0

Name of Committee in Full		•		
Committee to Re-Elect Judge Peer	oles			
Full Name of Contributor	Registration Number, if PAC			
Frederick Ryan Points				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
2705 Scottwood Road			0 3 2 1 1	1 \$25.00
City	State	Zip Code	Form (Cash, Check, etc.	2.)
Columbus	OH	43209	Check	
Full Name of Contributor			Registration Number,	if PAC
Lindsay Ford Ellis Street Address	1		M D Y	1 A A A
2499 Stafford Place	Employer/Occup	Employer/Occupation/Labor Organization*		Amount 1 \$50.00
City	State State	Zip Code	0 3 2 1 1 Form (Cash, Check, etc.	
Columbus	OH	43209	Check	
Full Name of Contributor	1 0		Registration Number,	if PAC
Darren Neally				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
5949 Varwyne Dr.			0 3 2 1 1	1 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc	i)
Dublin	OH	43017	Cash	
Full Name of Contributor			Registration Number,	if PAC
Weeya Baysah			Mi D Y	
Street Address 88 Evans Street	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount 1 \$10.00
City	Sta te	Zip Code	0 3 2 1 1 Form (Cash, Check, etc.	<u> </u>
Croton	OH	43013	Cash	
Full Name of Contributor	011	43013	Registration Number,	if PAC
Ryan Baysah			,	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
88 Evans Street			0 3 2 1 1	
City Croton	Stal te OH	Zip Code 43013	Form (Cash, Check, etc Cash	s.)
	Un <sub>i</sub>	43013		··
Full Name of Contributor			Registration Number,	of PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
				ľ
City	Sta te	Zip Code	Form (Cash, Check, etc.	(a)
	OH			
Full Name of Contributor			Registration Number,	if PAC
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount
	Z.mp.nyen/occupe	Daoot Organización	M D Y	
City	Sta te	Zip Code	Form (Cash, Check, etc	c.)
	OH			
Required for contributions from individuals over	r \$100 to statewide and Caroral Ass	cambly andidates. If contribe	star is salf amplayed the or	aumation and the name of

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				
\$145.	.00 l			

Total expenditures this event.

\$0.00

Page Total \$ \$145.00

<sup>\*</sup> 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 also appear. [R.C. 3517.10(B)(4)]