Event Date	9/29/11	
Page 2	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 Peeple	es			
To Whom Paid			M D Y _i	Amount
Eddie George's Grille 27			0 9 2 9 1 1	\$500.00
Address	Purpose		1 1 1 5	
1636 N. High Street	Food and	drinks at fundraiser		
City	Stalte	Zip Code	Check Number	
Columbus	ОН	43201	1084	
To Whom Paid	<u> </u>	<u> </u>	M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	E. S.
en,	OH.	2.ip code	Check Ivanie	STATE OF THE STATE
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to whom I aid				Amount
Address	Purpose			1
City	Stalte	Zip Code	Check Number	With the wall the co
	OH `			
To Whom Paid			M D Y	Amount
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To Whom Paid			M _s D _i Y _i	Amount
Address	Purpose			
City	State	Zip Code	Check Number	Compression .
	OH			, , , , ,
To Whom Paid			M D Y	Amount
Address	Purpose			***************************************
City	State	Zip Code	Check Number	the second second
	OH			
To Whom Paid		M D Y	Amount	
Address	Purpose			<u> </u>
, 1001 Coo	r urpose			
City	State	Zip Code	Check Number	A Company of the Comp
-	OH .	'		A CANADA CONTRACTOR
******	1			

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.

\$500.00 Page Total \$