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

Event Date	1/24/11	
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Name of Committee in Full					
Committee to Re-Elect Judge Peeples					
Full Name of Contributor Barbara Robinson			Registration Number, if PAC		
Street Address	Employer/Occur	pation/Labor Organization*	Mi Di Yi Am	ount	
2316 Reeves Ave.	Employer Occupation Labor Organization			25.00	
City Conton	State	Zip Code 43035	Form (Cash, Check, etc.)	**	
Lewis Center Full Name of Contributor	ОН	43030	Check		
D.J. Rybak			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Am	ount	
370 S. Fifth Street, Apt. 601	imployer occupation Eucor Organization			50.00	
City	Sta le	Zip Code	Form (Cash, Check, etc.)	,	
Columbus	OH	43215	Check		
Full Name of Contributor Jay Saunders	•		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*			ount	
3596 Bremen Street				100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43224	Cash		
Full Name of Contributor Zachary Scott			Registration Number, if PAC		
Street Address	Employer/Occup	ation/Labor Organization*	1 1 1 1 1	ount	
7784 Rowles Dr.				\$25.00	
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	, TF.	
Full Name of Contributor Michael Sexton			Registration Number, if PAC		
Street Address 984 Highland Street	Employer/Occupation/Labor Organization*			ount 50.00	
City	Stal to	Zip Code	Form (Cash, Check, etc.)	***	
Columbus	OH ₁	43201	Check		
Full Name of Contributor E. Scott Shaw			Registration Number, if PAC		
Street Address 500 S. Front Street, Ste. 130	Employer/Occup	Employer/Occupation/Labor Organization*		ount 25.00	
City Columbus	Sta' te OH	Zip Code 43215	Form (Cash, Check, etc.) Check		
Full Name of Contributor Michael L. Silberstein			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*			ount	
1093 Fountain Lane, Apt. D		lui a i		25.00	
City Columbus	Stafte OH	Zip Code 43213	Form (Cash, Check, etc.) Check		
* Required for contributions from individuals over \$10 the individual's business, if any, rather than employer slabor organization of which the employees are member Filt in the boxes below only on the last page for this ever the Transfer the Total contributions for this event to form N	should be listed. If two or morers, if any, must also appear. [Report.]	e employees contribute via pay R.C. 3517.10(B)(4)]	yroll deduction and exceed the agg	regate 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 \$\$300.00	