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

Event	Date 2/17/11	
Page	16	

Name of Committee in Full  Committee to Re-Elect Judge Peeple	es			
Full Name of Contributor  Jeffrey A. Berndt			Registration Number, if	PAC
Street Address 575 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 2 1 7 1 1	Amount \$100.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor			Registration Number, if	PAC
Nathan Sei Akamine			Mi Di Yi	
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		Amount \$150.00
Calcardage	State	Zip Code	Form (Cash, Check, etc.)	
Columbus Full Name of Contributor	OH	43206	Check	DAC.
Michael C. Allbritain			Registration Number, if	
Street Address 1866 Northwest Blvd, Apt. A	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$35.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	100
Full Name of Contributor	·	· · · · · · · · · · · · · · · · · · ·	Registration Number, if	PAC
Lara Natalie Baker				
Street Address 165 Halligan Ave.	Employer/Occupation/Labor Organization*		M D Y 0 1 1	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor  Jeffrey M. Basnett			Registration Number, if	PAC
Street Address 282 Woodland Ave.	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$50.00
City Columbus	Stal te OH	Zip Code 43203	Form (Cash, Check, etc.) Check	a in a man
Full Name of Contributor Jason C. Blum		· · · · · · · · · · · · · · · · · · ·	Registration Number, if	PAC
Street Address 52 W. Whittier St.	Employer/Occup	ation/Labor Organization*	0 2 1 7 1 1	Amount \$50.00
City Columbus	Stai te OH	Zip Code 43206	Form (Cash, Check, etc.) Check	** Jr
Full Name of Contributor Candace Christen			Registration Number, if	PAC
Street Address	Employer/Occupation/Labor Organization*		M D Y O 2 1 7 1 1	Amount \$40.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.)	,
* Required for contributions from individuals over \$\frac{1}{2}\$ the individual's business, if any, rather than employed labor organization of which the employees are mem Fill in the boxes below only on the last page for this of transfer the Total contributions for this event to form	er should be listed. If two or more bers, if any, must also appear. [R event.	e employees contribute via pa C. 3517.10(B)(4)]	yroll deduction and exceed th	

Total contributions this event	Total expenditures this event.	
	Page Total \$ \$525.00	)]