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

Event Date_1/24/11	
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Prescribed by Secretary of State 03/0

Name of Committee in Full Committee to Re-Elect Judge Peep	les				
Full Name of Contributor			Registration Number, if PAC		
ROSS & MIDIAN, LLC			,		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amour		
133 E LIVINGSTON AVE		1		00.00	
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	عيد ع. ش. عيد ع. ش.	
Full Name of Contributor	011	40210	Registration Number, if PAC		
TEAMSTERS LOCAL UNION NO. 413 I	DRIVE FUND		, , , , , , , , , , , , , , , , , , , ,		
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amour	nt	
555 E. RICH ST.				00.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus Full Name of Contributor	OH	43215	Check Registration Number, if PAC	, , , , , ,	
Fili Name of Commonor			Registration Number, it FAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amour	ıt	
City	State	Zip Code	Fonn (Cash, Check, etc.)		
5 B.V. 50 and	OH		Decision No. 1 CD4G		
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amour	ot .	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
	OH			2 6	
Full Name of Contributor			Registration Number, if PAC	-	
Street Address	Employer/Occupation/Labor Organization*		Mg D Y Amour	nt .	
		Ü			
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)	11 11 11	
Full Name of Contributor	000		Registration Number, if PAC		
Turi Marie of Commonds			Registration Number, it FAC		
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amour	nt	
City	Starte OH	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor	,		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M D Y Amour	ıt	
City	Sta te	Zip Code	Form (Cash, Check, etc.)	ge 5	
	OH				

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
\$4,235.00

Total expenditures this event.

1
\$400.00
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^{*} 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)]