

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee to Retain Judge Reece					
Full Name of Contributor Karen Held Phipps				Registration Number, if PAC	
Street Address 4333 Reed Road	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Paul O. Scott Co., LPA				Registration Number, if PAC	
Street Address 471 E. Broad Street, Suite 1100	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Jerry Peer				Registration Number, if PAC	
Street Address 9330 Sandpiper Court	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Orient	State O H	Zip Code 43146	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Porter, Wright, Morris & Arthur LLP				Registration Number, if PAC	
Street Address 41 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 1,500.00
Full Name of Contributor Carol O. Ray				Registration Number, if PAC	
Street Address 2030 Tremont Road	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Samuel B. Weiner Co., LPA				Registration Number, if PAC	
Street Address 743 S. Front Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Samuel H. Shamansky Co., LPA				Registration Number, if PAC	
Street Address 511 South High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 2,500.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. [R.C. 3517.10(B)(4)]

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

Total expenditures this event

Page Total \$ 4,800.00