

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				Registration Number, if PAC			
Zeiger, Tigges & Little LLP							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
41 South High Street, Suite 3500				0	2	11	250.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC			
Abe Bahgat Co. LPA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
338 S. High Street				0	2	11	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC			
The Behal Law Group LLC							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
501 S. High Street				0	2	11	350.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC			
Blaise Baker							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
600 S. High Street, Suite 201				0	2	11	300.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC			
Jeffrey M. Basnett							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
282 Woodland Avenue				0	2	11	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43203	Check			
Full Name of Contributor				Registration Number, if PAC			
John W. Bentine							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1880 Arlington Avenue				0	2	11	300.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43212	Check			
Full Name of Contributor				Registration Number, if PAC			
Peter J. Binning							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
592 S. Third Street				0	2	11	150.00
City		State	Zip Code	Form(Cash,Check,etc)			
Columbus		O H	43215	Check			

* 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 \$ 1,650.00