

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 John F. Bender				Registration Number, if PAC	
Street Address 7156 Asheville Park Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State O	Zip Code 43235	Y 2	Amount 100.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Patricia S. Harris				Registration Number, if PAC	
Street Address 1000 W. Washington Blvd., #509		Employer/Occupation/Labor Organization*		M 0	D 9
City Chicago		State I	Zip Code 60607	Y 2	Amount 150.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Eric Hoffman *				Registration Number, if PAC	
Street Address 2722 Bexley Park Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Bexley		State O	Zip Code 43209	Y 0	Amount 100.00
Form(Cash, Check, etc) Check					
Full Name of Contributor James J. Henson				Registration Number, if PAC	
Street Address 2155 Elgin Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State O	Zip Code 43221	Y 0	Amount 150.00
Form(Cash, Check, etc) Check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form(Cash, Check, etc)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form(Cash, Check, etc)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form(Cash, Check, etc)					

*** Franklin County Court Appointee**

* 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

14,160.00

Total expenditures this event

Page Total \$ **500.00**