

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 Sallie Gibson				Registration Number, if PAC	
Street Address 1067 Franklin Avenue		Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43205		Form(Cash, Check, etc) Check	
Full Name of Contributor Zeiger, Tigges & Little LLP				Registration Number, if PAC	
Street Address 41 S. High Street, Suite 3500		Employer/Occupation/Labor Organization*		M D Y 0 1 2 6 1 2	Amount 1,000.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Check	
Full Name of Contributor Alan Briggs				Registration Number, if PAC	
Street Address 1608 Maddux Lane		Employer/Occupation/Labor Organization*		M D Y 0 2 1 0 1 2	Amount 150.00
City McLean	State V A	Zip Code 22101		Form(Cash, Check, etc) Check	
Full Name of Contributor John Cahill				Registration Number, if PAC	
Street Address 5593 Meadowood Lane		Employer/Occupation/Labor Organization*		M D Y 0 2 1 4 1 2	Amount 25.00
City Westerville	State O H	Zip Code 43082		Form(Cash, Check, etc) Check	
Full Name of Contributor Gregg Lewis				Registration Number, if PAC	
Street Address 625 City Park Avenue		Employer/Occupation/Labor Organization*		M D Y 0 2 1 4 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form(Cash, Check, etc) Check	
Full Name of Contributor Charles Bluestone				Registration Number, if PAC	
Street Address 141 East Town Street		Employer/Occupation/Labor Organization*		M D Y 0 2 1 5 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Check	
Full Name of Contributor Gary Hammond				Registration Number, if PAC	
Street Address 556 E. Town Street		Employer/Occupation/Labor Organization*		M D Y 0 2 1 5 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) 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 \$ 1,775.00