

Event Date	9/20/2006
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretar	y of State 02/01		
Name of Committee in Full				
Committee to Retain Judge Reece				
Full Name of Contributor			Registration Number, if PAC	
The Plymale Partnership, LLP				
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	
495 S. High Street, Suite 400			0 9 2 0 0 6	150.00
City	, , , ,	Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Charles William McGowan *			i d	
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	
601 S. High Street	Attorney		0 9 2 0 0 6	150.00
City	1 1 -	Code	Form(Cash,Check,etc)	
Columbus	OH	43215	Check	
Full Name of Contributor	-		Registration Number, if PAC	
Matthew S. Halley *				
Street Address	Employer/Occupation	/Labor Organization*	M D Y Amount	
52 W. Whitter Street	Attorney		0 9 2 0 0 6	150.00
City		Code	Form(Cash,Check,etc)	-
Columbus	OH	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Toki M. Clark *			·	
Street Address	Employer/Occupation/	/Labor Organization*	M D Y Amount	
233 S. High Street, 3rd Floor	Attorney		0 9 2 0 0 6	300.00
City		Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Meeks Shamansky Political Action (Committee		Local PAC	
Street Address	Employer/Occupation/	Labor Organization*	M D Y Amount	
511 S. High Street			0 9 2 0 0 6	3,000.00
City	State Zip	Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Vorys Sater Seymour and Pease LLI	ur and Pease LLP Advocates for Effective Gov't			
Street Address	Employer/Occupation/	Labor Organization*	M D Y Amount	
52 E. Gay Street			0 9 2 0 0 6	1,000.00
City	State Zip	Code	Form(Cash,Check,etc)	
Columbus	$O \mid H \mid$	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
J. Scott Weisman Law Offices, LPA				
Street Address	Employer/Occupation/	Labor Organization*	M D Y Amount	
601 S. High Street, 1st Floor			0 9 2 0 0 6	300.00
City	State Zip	Code	Form(Cash,Check,etc)	
Columbus	OH	43215	Check	
··			- •	
* Franklin County Court Appoin Required for contributions from individuals over \$100 to statewide	CEE and general assembly candid	lates. If contributor is sel	f-employed, occupation rather than employer	•
should be listed. If two or more employees contribute via payroll dec				
members, if any, must appear. [R.C. 3517.10(B)(4)]	<u>ــــــــــــــــــــــــــــــــــــ</u>	,		1 /
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Fill in the boxes below only on the last page for this event.				
Fransfer the Total contributions for this event to form No. 31-A. Und	der Full Name of Contributor	state "Contributions from	n form No. 31-E" and list the date of the ever	ıt
n the date column.				
Total contributions this event	Total expenditures this ever	at		
			Page Total \$	5.050.00