

R.C. 3517,10(B)

in the date column.

Total contributions this event

Event Date	2/16/2012
Page	6

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secret	ary of State 02/01		
Name of Committee in Full			<u>.</u>	
Committee to Retain Judge Reece			Registration Number, if PAC	
Karen Held Phipps			Registration Number, it FAC.	
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Ar	nount
4333 Reed Road		,g	0 2 1 6 1 2	200.00
City	State	Lip Code	Form(Cash,Check,etc)	
Columbus -	OIH	43220	Check	3
Full Name of Contributor	•	i	Registration Number, if PAC	
Paul O. Scott Co., LPA	[F110	on/Labor Organization*	M D Y A	nount
Street Address 471 E. Broad Street, Suite 1100	Employer/Occupati	on Labor Organization	0 2 1 6 1 2	150.00
Gity	State 1	Zip Code	Form(Cash,Check,etc)	150.00
Columbus	ОІН	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Jerry Peer		· · · · · · · · · · · · · · · · · · ·		
Street Address	Employer/Occupation/Labor Organization*			mount
9330 Sandpiper Court		V- C-4-	0 2 1 6 1 2 Form(Cash,Check,etc)	150.00
City Orient 🔭	State 2	^Д р Code 43146	Check	
Full Name of Contributor		10110	Registration Number, if PAC	2.5 d s
Porter, Wright, Morris & Arthur LLP	>			1. 1. V 4 V
Street Address		on/Labor Organization*		mount .
41 S. High Street State			0 2 1 6 1 2	. : 4 1,500.0 0
City Y W		Lip Code	Form(Cash,Check,etc) Check	
Columbus 🗼 🛴 🧀	OH	43215	Registration Number, if PAC	
Full Name of Contributor			Registration Number, if FAC	*
Carol O. Ray Street Address	Employer/Occupati	on/Labor Organization*	M D Y A	mount
2030 Tremont Road			0 2 1 6 1 2	150.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43221	Check	
Full Name of Contributor			Registration Number, if PAC	•
Samuel B. Weiner Co., LPA	IE-player/Occupation	on/Labor Organization*	M D Y A	mount
Street Address 743 S. Front Street	EmbioAenOccubait	dividador Organización	0 2 1 6 1 2	150.00
City	State	Zip Code	Form(Cash,Check,etc)	;
Columbus	OIH	43206	Check	The state of
ull Name of Contributor	<u> </u>		Registration Number, if PAC	
Samuel H. Shamansky Co., LPA				
treet Address	Employer/Occupation/Labor Organization*			mount 2 FOO OC
511 South High Street	6. 12. 6.		0 2 1 6 1 2 Form(Cash, Check, etc)	2,500.00
Columbus	State 2	Zip Code 43215	Check	
Columbus		77410	CHECK	

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than emplo	yer
hould 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	
embers, if any, must appear. (R.C. 3517.10(BX4)]	
ill in the boxes below only on the last page for this event.	
ransfer 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 c	:ven

Total expenditures this event

Page Total 5 4,800,00