

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full <b>Committee to Retain Judge Reece</b>					
Full Name of Contributor <b>Karen Held Phipps</b>				Registration Number, if PAC	
Street Address <b>4333 Reed Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   6   1   2</b>	Amount <b>200.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43220</b>		Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Paul O. Scott Co., LPA</b>				Registration Number, if PAC	
Street Address <b>471 E. Broad Street, Suite 1100</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   6   1   2</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Jerry Peer</b>				Registration Number, if PAC	
Street Address <b>9330 Sandpiper Court</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   6   1   2</b>	Amount <b>150.00</b>
City <b>Orient</b>	State <b>O   H</b>	Zip Code <b>43146</b>		Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Porter, Wright, Morris &amp; Arthur LLP</b>				Registration Number, if PAC	
Street Address <b>41 S. High Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   6   1   2</b>	Amount <b>1,500.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Carol O. Ray</b>				Registration Number, if PAC	
Street Address <b>2030 Tremont Road</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   6   1   2</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43221</b>		Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Samuel B. Weiner Co., LPA</b>				Registration Number, if PAC	
Street Address <b>743 S. Front Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   6   1   2</b>	Amount <b>150.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>		Form (Cash, Check, etc) <b>Check</b>	
Full Name of Contributor <b>Samuel H. Shamansky Co., LPA</b>				Registration Number, if PAC	
Street Address <b>511 South High Street</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>0   2   1   6   1   2</b>	Amount <b>2,500.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>		Form (Cash, Check, etc) <b>Check</b>	

\* 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 \$ 4,800.00