31-E
R.C. 3517.10(B)

Event Date 2/16/2012
Page 5

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				**Registration Number, if PAC**			
Steven Larson							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
209 S. High Street				02	16	12	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Law Office of Thomas F. Hayes LLC							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
65 E. Livingston Avenue				02	16	12	200.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor				**Registration Number, if PAC**			
David M. Scott							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
920 Evening Street				02	16	12	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Worthington	OH	43085		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Sean A. McCarter							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
401 Fallis Road				02	16	12	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43214		Check			
Full Name of Contributor				**Registration Number, if PAC**			
R. William Meeks							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
511 S. High Street				02	16	12	200.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43215		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Marchelle E. Moore							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
2717 Gatewood Road				02	16	12	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43219		Check			
Full Name of Contributor				**Registration Number, if PAC**			
Robert Gray Palmer							
Street Address	**Employer/Occupation/Labor Organization***			**M**	**D**	**Y**	**Amount**
185 Rustic Place				02	16	12	150.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**			
Columbus	OH	43214		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 $ 1,150.00