

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 Chester, Willcox & Saxbe Good Government Fund				Registration Number, if PAC OH843			
Street Address 65 E. State Street, Suite 1000		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	300.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Warner M. Thomas, Jr.				Registration Number, if PAC			
Street Address 140 E. Town Street, Suite 1100		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Joseph E. Scott Co., LPA *				Registration Number, if PAC			
Street Address 35 E. Livingston Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Joseph Scott-Attorney		0	9	2	150.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Portman, Foley & Flint LLP				Registration Number, if PAC			
Street Address 471 E. Broad Street, Suite 1820		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	150.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Terry K. Sherman *				Registration Number, if PAC			
Street Address 175 S. Merkle Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney		0	9	2	250.00
City Columbus		State O	H	Zip Code 43209	Form(Cash,Check,etc) Check		
Full Name of Contributor David P. Rieser				Registration Number, if PAC			
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	150.00
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) Check		
Full Name of Contributor Dianne Worthington *				Registration Number, if PAC			
Street Address 706 Aldengate Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney		0	9	2	100.00
City Galloway		State O	H	Zip Code 43119	Form(Cash,Check,etc) Check		

* **Franklin County Court Appointee**

* 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 \$ 1,200.00