

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			
Frederick T. Moses						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
19538 Carroll Road			0	9	2006	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Rockbridge	O H	43149	Check			
Full Name of Contributor			Registration Number, if PAC			
Crabbe, Brown & James						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
500 S. Front Street, Suite 1200			0	9	2006	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Stelios Giannopoulos						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
247 N. Parkview Avenue			0	9	2006	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Bexley	O H	43209	Check			
Full Name of Contributor			Registration Number, if PAC			
Robert F. Krapenc *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
601 S. High Street, 1st Floor	Attorney		0	9	2006	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Frederick D. Benton, Jr. *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
786 S. Front Street, Suite 204	Attorney		0	9	2006	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43206	Check			
Full Name of Contributor			Registration Number, if PAC			
Elizabeth Thym Smith						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
157 Highmeadow Drive			0	9	2006	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Gahanna	O H	43230	Check			
Full Name of Contributor			Registration Number, if PAC			
Javier H. Armengau *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
857 S. High Street	Attorney		0	9	2006	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43206	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 \$ 2,000.00