

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

Prescribed by Secretary of State 02/01

|                                                                      |                                         |                          |                                      |                             |                         |
|----------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------------------|-----------------------------|-------------------------|
| Name of Committee in Full<br><b>Committee to Retain Judge Reece</b>  |                                         |                          |                                      |                             |                         |
| Full Name of Contributor<br><b>Steven Larson</b>                     |                                         |                          |                                      | Registration Number, if PAC |                         |
| Street Address<br><b>209 S. High Street</b>                          | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                        | D<br><b>2</b>               | Y<br><b>1</b>           |
| City<br><b>Columbus</b>                                              | State<br><b>O</b>                       | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |                             | Amount<br><b>150.00</b> |
| Full Name of Contributor<br><b>Law Office of Thomas F. Hayes LLC</b> |                                         |                          |                                      | Registration Number, if PAC |                         |
| Street Address<br><b>65 E. Livingston Avenue</b>                     | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                        | D<br><b>2</b>               | Y<br><b>1</b>           |
| City<br><b>Columbus</b>                                              | State<br><b>O</b>                       | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |                             | Amount<br><b>200.00</b> |
| Full Name of Contributor<br><b>David M. Scott</b>                    |                                         |                          |                                      | Registration Number, if PAC |                         |
| Street Address<br><b>920 Evening Street</b>                          | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                        | D<br><b>2</b>               | Y<br><b>1</b>           |
| City<br><b>Worthington</b>                                           | State<br><b>O</b>                       | Zip Code<br><b>43085</b> | Form(Cash,Check,etc)<br><b>Check</b> |                             | Amount<br><b>150.00</b> |
| Full Name of Contributor<br><b>Sean A. McCarter</b>                  |                                         |                          |                                      | Registration Number, if PAC |                         |
| Street Address<br><b>401 Fallis Road</b>                             | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                        | D<br><b>2</b>               | Y<br><b>1</b>           |
| City<br><b>Columbus</b>                                              | State<br><b>O</b>                       | Zip Code<br><b>43214</b> | Form(Cash,Check,etc)<br><b>Check</b> |                             | Amount<br><b>150.00</b> |
| Full Name of Contributor<br><b>R. William Meeks</b>                  |                                         |                          |                                      | Registration Number, if PAC |                         |
| Street Address<br><b>511 S. High Street</b>                          | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                        | D<br><b>2</b>               | Y<br><b>1</b>           |
| City<br><b>Columbus</b>                                              | State<br><b>O</b>                       | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |                             | Amount<br><b>200.00</b> |
| Full Name of Contributor<br><b>Marchelle E. Moore</b>                |                                         |                          |                                      | Registration Number, if PAC |                         |
| Street Address<br><b>2717 Gatewood Road</b>                          | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                        | D<br><b>2</b>               | Y<br><b>1</b>           |
| City<br><b>Columbus</b>                                              | State<br><b>O</b>                       | Zip Code<br><b>43219</b> | Form(Cash,Check,etc)<br><b>Check</b> |                             | Amount<br><b>150.00</b> |
| Full Name of Contributor<br><b>Robert Gray Palmer</b>                |                                         |                          |                                      | Registration Number, if PAC |                         |
| Street Address<br><b>185 Rustic Place</b>                            | Employer/Occupation/Labor Organization* |                          | M<br><b>0</b>                        | D<br><b>2</b>               | Y<br><b>1</b>           |
| City<br><b>Columbus</b>                                              | State<br><b>O</b>                       | Zip Code<br><b>43214</b> | Form(Cash,Check,etc)<br><b>Check</b> |                             | Amount<br><b>150.00</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 \$ 1,150.00