

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 Frederick D. Benton, Jr.				Registration Number, if PAC	
Street Address 786 S. Front Street, Suite 204		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form(Cash, Check, etc) Check	
Full Name of Contributor Douglas A. Funkhouser				Registration Number, if PAC	
Street Address 1560 Vanelm Street		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43228		Form(Cash, Check, etc) Check	
Full Name of Contributor Ric Hard				Registration Number, if PAC	
Street Address 117 Lake Bluff Drive		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43235		Form(Cash, Check, etc) Check	
Full Name of Contributor Tourea McCord				Registration Number, if PAC	
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash, Check, etc) Cash	
Full Name of Contributor Marvina McCord				Registration Number, if PAC	
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash, Check, etc) Cash	
Full Name of Contributor Ed Emsweller				Registration Number, if PAC	
Street Address 145-B E. Livingston Avenue		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Cash	
Full Name of Contributor Aneca Lasley				Registration Number, if PAC	
Street Address 2000 Huntington Ctr., 41 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Cash	

* 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 \$ 850.00