

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 Ralph E. Breitfeller					Registration Number, if PAC		
Street Address 987 Montrose Avenue		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 150.00
City Columbus	State O	H H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor John J. Chester					Registration Number, if PAC		
Street Address 65 E. State Street, Suite 1000		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 150.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Toki M. Clark, Law Office					Registration Number, if PAC		
Street Address 233 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 200.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Crabbe, Brown & James					Registration Number, if PAC		
Street Address 500 South Front Street, Suite 1200		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 600.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor William R. Creedon					Registration Number, if PAC		
Street Address 2087 Kentwell Road		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 50.00
City Upper Arlington	State O	H H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Freeman Eagleson III					Registration Number, if PAC		
Street Address 98 Stornoway Drive W		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 150.00
City Columbus	State O	H H	Zip Code 43213	Form(Cash,Check,etc) Check			
Full Name of Contributor Woody Fox					Registration Number, if PAC		
Street Address 233 N. Bend Drive		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 100.00
City Pataskala	State O	H H	Zip Code 43062	Form(Cash,Check,etc) 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 \$ 1,400.00