

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 Kenneth Gamble			Registration Number, if PAC			
Street Address 4645 Kingston Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006	Amount 150.00
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor William A. Antonoplos			Registration Number, if PAC			
Street Address 107 S. High Street, Suite 400	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006	Amount 150.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregg R. Lewis *			Registration Number, if PAC			
Street Address 625 City Park	Employer/Occupation/Labor Organization* Attorney		M 0	D 9	Y 2006	Amount 150.00
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul H. Coleman			Registration Number, if PAC			
Street Address 1299 Haddon Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006	Amount 150.00
City Columbus	State O	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor John E. Haller			Registration Number, if PAC			
Street Address 5447 Wine Tavern Lane	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006	Amount 150.00
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Bricker & Eckler LLP State Political Action Committee			Registration Number, if PAC OH821			
Street Address 100 S. Third Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006	Amount 250.00
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Donna A. James			Registration Number, if PAC			
Street Address 56 Blue Mountain, Apt. A-403	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006	Amount 500.00
City Santa Rosa Beach	State F	Zip Code 32459	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 \$ 1,500.00