

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 Abramson & O'Connell, LLC				Registration Number, if PAC	
Street Address 695 Bryden Road		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 6	Amount 300.00
City Columbus	State O H	Zip Code 43205		Form(Cash,Check,etc) Check	
Full Name of Contributor Carpenter & Lipps LLP				Registration Number, if PAC	
Street Address 280 N. High Street		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 6	Amount 300.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Pattye G. Dawson				Registration Number, if PAC	
Street Address 5322 Castle Pines		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 6	Amount 25.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Lori A. Brown				Registration Number, if PAC	
Street Address P.O. Box 09164		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc) Cash	
Full Name of Contributor Sterling Gill *				Registration Number, if PAC	
Street Address 2599 E. Main Street		Employer/Occupation/Labor Organization* Attorney		M D Y 0 9 2 0 0 6	Amount 100.00
City Bexley	State O H	Zip Code 43209		Form(Cash,Check,etc) Cash	
Full Name of Contributor Michael Samuels				Registration Number, if PAC	
Street Address 2599 E. Main Street		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 6	Amount 100.00
City Bexley	State O H	Zip Code 43209		Form(Cash,Check,etc) Cash	
Full Name of Contributor Otto Beatty, Jr.				Registration Number, if PAC	
Street Address 233 S. High Street, #300		Employer/Occupation/Labor Organization*		M D Y 0 9 2 0 0 6	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Cash	

* **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 \$ 1,025.00