

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 Laurel Beatty			Registration Number, if PAC		
Street Address 233 S. High Street, #300	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor Diane Menashe *			Registration Number, if PAC		
Street Address 536 S. Wall Street, #300	Employer/Occupation/Labor Organization* Attorney		M 0	D 9	Y 2006
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Kort Gotterdam			Registration Number, if PAC		
Street Address 536 S. Wall Street, #300	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Shirley Rogers-Reece			Registration Number, if PAC		
Street Address 7191 Keystone Ranch Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006
City Blacklick	State O	Zip Code 43004	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Floyd Reece			Registration Number, if PAC		
Street Address 7191 Keystone Ranch Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006
City Blacklick	State O	Zip Code 43004	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor James L. Moses			Registration Number, if PAC		
Street Address 144 E. Columbus Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006
City Canal Winchester	State O	Zip Code 43110	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Ohio McDonald's State Operations PAC			Registration Number, if PAC CP694		
Street Address 50 W. Broad Street, Suite 2020	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2006
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00

*** 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 \$ 660.00