

Event Date	9/20/2006
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secret	ary of State 02/01		
fame of Committee in Full				
Committee to Retain Judge Reece				
ull Name of Contributor			Registration Number, if PAC	
Elizabeth L. Cabot		· · · · · · · · · · · · · · · · · · ·		
treet Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	
258 Winthrop Road			0 9 1 9 0 6	100.00
ity	1 1	Lip Code	Form(Cash,Check,etc)	
Columbus	0 H	43214	Check	
Il Name of Contributor			Registration Number, if PAC	
John H. Bates *				
reet Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	
495 S. High Street, Suite 400	Attorney		0 9 2 0 0 6	150.00
ity		Cip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Check	
Il Name of Contributor			Registration Number, if PAC	
Stuart A. Benis				
reet Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	
1927 Abbotsford Green Drive		 	0 9 2 0 0 6	150.00
ty D		ip Code	Form(Cash,Check,etc)	
Powell	O H	43065	Check	
Il Name of Contributor			Registration Number, if PAC	
Stephen D. Dehnart *				
eet Address		on/Labor Organization*	M D Y Amount	
129 Hillcrest Drive	Attorney		0 9 2 0 0 6	<i>7</i> 5.00
у		ip Code	Form(Cash,Check,etc)	
Westerville	OH	43081	Check	
Il Name of Contributor			Registration Number, if PAC	
Douglas A. Funkhouser *			•	
eet Address	1	on/Labor Organization*	M D Y Amount	
1560 Vanelm Street	Attorney		0 9 2 0 0 6	50.00
у		ip Code	Form(Cash,Check,etc)	
Columbus	OH	43228	Check	
Il Name of Contributor			Registration Number, if PAC	
Michael A. Moses				
reet Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	
330 S. High Street			0 9 2 0 0 6	150.00
ty		ip Code	Form(Cash,Check,etc)	
Columbus	OH	43215	Check	
l Name of Contributor			Registration Number, if PAC	
Pierre-Louis & Associates, LLC		<u> </u>	<u> </u>	
eet Address	Employer/Occupation	on/Labor Organization*	M D Y Amount	
635 Park Meadow Road, Suite 215			0 9 2 0 0 6	150.00
у	i	ip Code	Form(Cash,Check,etc)	
Westerville	O H	43081	Check	
Franklin County Court Appointe	<u>e</u>		·	
equired for contributions from individuals over \$100 to statewide an	nd general assembly cand	didates. If contributor is sel	f-employed, occupation rather than employer	
uld be listed. If two or more employees contribute via payroll deduc	ction and exceed the aggr	regate of \$100, the labor or	rganization of which the employees are	-
mbers, if any, must appear. [R.C. 3517.10(B)(4)]	Ф	_		1
• • • •	Ψ			1
in the boxes below only on the last page for this event.				
unsfer the Total contributions for this event to form No. 31-A. Under	Full Name of Contribute	or state "Contributions from	n form No. 31-E" and list the date of the event	
he date column.				
al contributions this event	Total expenditures this ev	vent		
an contributions this crem				