

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 Eric J. Hoffman				Registration Number, if PAC			
Street Address 338 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 200.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Valoria C. Hoover				Registration Number, if PAC			
Street Address 5972 Dunheath Loop		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 150.00
City Dublin	State O H	Zip Code 43016		Form(Cash,Check,etc) Check			
Full Name of Contributor J. Scott Weisman Law Offices, LPA				Registration Number, if PAC			
Street Address 601 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 350.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Janet E. Jackson				Registration Number, if PAC			
Street Address 2865 Castlewood Road		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 150.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc) Check			
Full Name of Contributor Roger M. Koeck				Registration Number, if PAC			
Street Address 6257 Emberwood Road		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 150.00
City Dublin	State O H	Zip Code 43017		Form(Cash,Check,etc) Check			
Full Name of Contributor Robert F. Krapenc				Registration Number, if PAC			
Street Address 601 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 300.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph R. Landusky II				Registration Number, if PAC			
Street Address 901 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 2	Y 1	Amount 575.00
City Columbus	State O H	Zip Code 43206		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 \$ 1,875.00