

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 Ralph E. Breitfeller				Registration Number, if PAC	
Street Address 987 Montrose Avenue	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43209	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor John J. Chester				Registration Number, if PAC	
Street Address 65 E. State Street, Suite 1000	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Toki M. Clark, Law Office				Registration Number, if PAC	
Street Address 233 S. High Street	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Crabbe, Brown & James				Registration Number, if PAC	
Street Address 500 South Front Street, Suite 1200	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 600.00
Full Name of Contributor William R. Creedon				Registration Number, if PAC	
Street Address 2087 Kentwell Road	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Upper Arlington	State O H	Zip Code 43221	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Freeman Eagleson III				Registration Number, if PAC	
Street Address 98 Stornoway Drive W	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Columbus	State O H	Zip Code 43213	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Woody Fox				Registration Number, if PAC	
Street Address 233 N. Bend Drive	Employer/Occupation/Labor Organization*		M 0	D 2	Y 12
City Pataskala	State O H	Zip Code 43062	Form (Cash, Check, etc) Check		Amount 100.00

* 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 \$ **1,400.00**