

FILED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARDS OF CAMPAIGNS

Full Name of Committee Committee to Retain Judge Reece						Registration Number					
Full Name of Candidate Guy L. Reece, II											
Street Address 100 South Third Street						Office Sought Judge, Franklin County Court of Common Pleas, Full Term Commencing 1/03/2007		District Common Pleas			
City Columbus						State O H	Zip Code 43215				
Type of Report (Place X to the left of report type)	Pre-Primary		Post-Primary		X	Pre-General		Post-General	Annual Year		
	July		August			September			Semiannual		
	Monthly		Monthly			Monthly		Termination			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election					
						M	D	Y			
						1	1	0	7	0	6

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

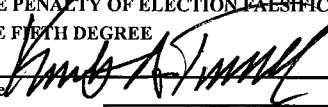
1. Amount brought forward from last report	\$ 1,112.70
2. Total monetary contributions (From Form No. 31-A)	\$ 16,310.00
3. Total other income (From Form No. 31-A,2)	\$ 0.00
4. Total funds available (Sum of lines 1, 2, 3)	\$ 17,422.70
5. Total monetary expenditures (From Form No. 31-B)	\$ 2,831.91
6. Balance on hand (line 4 minus line 5)	\$ 14,590.79
7. Value of in-kind contributions received (From Form No. 31-J,1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J,2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 11,000.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 5,804.18
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 1,000.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Kurtis A. Tunnell, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



Date

10/26/06

Contribution pages 11

Expenditure pages 2

Other pages 4

Total pages 17

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Retain Judge Reece						
Full Name of Contributor Wilson Rogers				Registration Number, if PAC		
Street Address 28540 Harvard Road		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Beachwood	State O H	Zip Code 44122	M 0 6	D 0 7	Y 0 6	Amount 500.00
Full Name of Contributor Sarah H. Beauchamp *				Registration Number, if PAC		
Street Address 2641 Sandover Road		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check	
City Upper Arlington	State O H	Zip Code 43220	M 1 0	D 0 6	Y 0 6	Amount 150.00
Full Name of Contributor Gregg D. Slemmer *				Registration Number, if PAC		
Street Address 1188 S. High Street		Employer/Occupation/Labor Organization Attorney			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43206	M 1 0	D 0 6	Y 0 6	Amount 100.00
Full Name of Contributor Scott Wilson Schiff				Registration Number, if PAC		
Street Address 88 W. Main Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 0 9	Y 0 6	Amount 150.00
Full Name of Contributor Schottenstein Zox & Dunn State and Local PAC				Registration Number, if PAC OH1310		
Street Address 250 West Street		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 2	Y 0 6	Amount 500.00
Full Name of Contributor Michael D. Saad				Registration Number, if PAC		
Street Address 2511 Danvers Court		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 1 0	D 1 7	Y 0 6	Amount 250.00
Full Name of Contributor John Ryan Gall				Registration Number, if PAC		
Street Address 1300 Huntington Center, 41 S. High St.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 7	Y 0 6	Amount 250.00
Full Name of Contributor C. Craig Woods				Registration Number, if PAC		
Street Address 668 Retreat Lane North		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Powell	State O H	Zip Code 43065	M 1 0	D 1 7	Y 0 6	Amount 250.00

* Required for contributions 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)

*Franklin County Court Appointee

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Retain Judge Reece										
Full Name of Contributor Contributions from Form No. 31-E						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
				0	9	2	0	0	6	14,160.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City		State	Zip Code	M	D	Y	Amount			

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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)

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Retain Judge Reece							
To Whom Paid Reynoldsburg Tomato Festival				M	D	Y	Amount
				0	8	1	50.00
Address 6448 Red Fox Court		Purpose Parade Entry Fee					
City Reynoldsburg	State O	H	Zip Code 43068	Check Number 1049			
To Whom Paid Franklin County Republican Party				M	D	Y	Amount
				0	9	2	1,250.00
Address 14 E. Gay Street		Purpose Contribution					
City Columbus	State O	H	Zip Code 43215	Check Number 1051			
To Whom Paid St. Stephen's Community House/Linden Operations Pride Festival				M	D	Y	Amount
				0	9	2	100.00
Address 1500 E. 17th Avenue		Purpose Parade Entry Fee					
City Columbus	State O	H	Zip Code 43219	Check Number 1050			
To Whom Paid White for Judge Committee				M	D	Y	Amount
				1	0	1	1,000.00
Address 4333 Reed Road		Purpose Loan					
City Columbus	State O	H	Zip Code 43220	Check Number 1055			
To Whom Paid Expenditures from Form No. 31-F				M	D	Y	Amount
				0	9	2	431.91
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				
To Whom Paid				M	D	Y	Amount
Address		Purpose					
City	State	Zip Code	Check Number				



Fifth Third Bank

(CENTRAL OHIO)
P.O. BOX 630900 CINCINNATI OH 45263-0900

Statement Period Date: 8/1/2006 - 8/31/2006

Account Type: Totally Free Bus Ckg

Account Number: 7280633780

Banking Center: State Street

Banking Center Phone: 614-341-2595

Commercial Client Services: 1-800-589-5355

www.53.com

COMMITTEE TO RETAIN
JUDGE REECE
100 SOUTH THIRD STREET
COLUMBUS OHIO 43215-4236

0

4411



THE COMMITTEE TO RETAIN JUDGE REECE		25-216440	1049
KURTIS A. TUNNELL, TREASURER 100 S. THIRD STREET COLUMBUS, OHIO 43215		DATE <u>August 16, 2006</u>	
PAY TO THE ORDER OF	Reynolds Tomato Festival	\$	50.00
Fifty and no/100		DOLLARS	<input type="checkbox"/>
FIFTH THIRD BANK COLUMBUS, OHIO	<i>M. C. Mether</i>		<input type="checkbox"/>
FOR	Parade Entry Fee		
⑈001049⑈ ⑆0400216⑆ ⑆7280634780⑈		⑈0000005000⑈	

8/24/2006 1049 \$50.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Committee to Retain Judge Reece							
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP				Registration Number, if PAC			
Street Address 250 E. Broad Street	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State O H	Zip Code 43215		0	9	1 2 0 6	500.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor S.M.D./H.L.S. Bonding Co. LLC				Registration Number, if PAC			
Street Address 571 S. High Street	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State O H	Zip Code 43215		0	9	1 4 0 6	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Valerie R. Still				Registration Number, if PAC			
Street Address 1425 Briarcliff Drive	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Powell	State O H	Zip Code 43065		0	9	1 4 0 6	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Rourke & Blumenthal, LLP				Registration Number, if PAC			
Street Address 495 S. High Street, Suite 450	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State O H	Zip Code 43215		0	9	1 8 0 6	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Myron Shwartz *				Registration Number, if PAC			
Street Address 501 S. High Street	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State O H	Zip Code 43215		0	9	1 8 0 6	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Robert J. Weiler				Registration Number, if PAC			
Street Address 41 S. High Street, Suite 1010	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Columbus	State O H	Zip Code 43215		0	9	1 8 0 6	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Regina A. Bott				Registration Number, if PAC			
Street Address 8812 Chateau Drive	Employer/Occupation/Labor Organization*			M	D	Y	Amount
City Pickerington	State O H	Zip Code 43147		0	9	1 9 0 6	150.00
				Form(Cash,Check,etc) Check			

* 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 \$ 1,400.00

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			Registration Number, if PAC			
Elizabeth L. Cabot						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
258 Winthrop Road			0	9	0	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43214	Check			
Full Name of Contributor			Registration Number, if PAC			
John H. Bates *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
495 S. High Street, Suite 400	Attorney		0	9	0	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Stuart A. Benis						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1927 Abbotsford Green Drive			0	9	0	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Powell	O H	43065	Check			
Full Name of Contributor			Registration Number, if PAC			
Stephen D. Dehnart *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
129 Hillcrest Drive	Attorney		0	9	0	75.00
City	State	Zip Code	Form(Cash,Check,etc)			
Westerville	O H	43081	Check			
Full Name of Contributor			Registration Number, if PAC			
Douglas A. Funkhouser *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1560 Vanelm Street	Attorney		0	9	0	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43228	Check			
Full Name of Contributor			Registration Number, if PAC			
Michael A. Moses						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
330 S. High Street			0	9	0	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Pierre-Louis & Associates, LLC						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
635 Park Meadow Road, Suite 215			0	9	0	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Westerville	O H	43081	Check			

* Franklin County Court Appointee

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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 \$ 825.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Committee to Retain Judge Reece							
Full Name of Contributor Kenneth Gamble				Registration Number, if PAC			
Street Address 4645 Kingston Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43220	0	9	2006	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor William A. Antonoplos				Registration Number, if PAC			
Street Address 107 S. High Street, Suite 400		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	9	2006	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Gregg R. Lewis *				Registration Number, if PAC			
Street Address 625 City Park		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43206	0	9	2006	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Paul H. Coleman				Registration Number, if PAC			
Street Address 1299 Haddon Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43209	0	9	2006	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor John E. Haller				Registration Number, if PAC			
Street Address 5447 Wine Tavern Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dublin		State O H	Zip Code 43017	0	9	2006	150.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Bricker & Eckler LLP State Political Action Committee				Registration Number, if PAC OH821			
Street Address 100 S. Third Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State O H	Zip Code 43215	0	9	2006	250.00
				Form(Cash,Check,etc) Check			
Full Name of Contributor Donna A. James				Registration Number, if PAC			
Street Address 56 Blue Mountain, Apt. A-403		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Santa Rosa Beach		State F L	Zip Code 32459	0	9	2006	500.00
				Form(Cash,Check,etc) Check			

* Franklin County Court Appointee

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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 \$ 1,500.00

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			Registration Number, if PAC			
Frederick T. Moses						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
19538 Carroll Road			0	9	2006	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Rockbridge	O H	43149	Check			
Full Name of Contributor			Registration Number, if PAC			
Crabbe, Brown & James						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
500 S. Front Street, Suite 1200			0	9	2006	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Stelios Giannopoulos						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
247 N. Parkview Avenue			0	9	2006	500.00
City	State	Zip Code	Form(Cash,Check,etc)			
Bexley	O H	43209	Check			
Full Name of Contributor			Registration Number, if PAC			
Robert F. Krapenc *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
601 S. High Street, 1st Floor	Attorney		0	9	2006	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor			Registration Number, if PAC			
Frederick D. Benton, Jr. *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
786 S. Front Street, Suite 204	Attorney		0	9	2006	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43206	Check			
Full Name of Contributor			Registration Number, if PAC			
Elizabeth Thym Smith						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
157 Highmeadow Drive			0	9	2006	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Gahanna	O H	43230	Check			
Full Name of Contributor			Registration Number, if PAC			
Javier H. Armengau *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
857 S. High Street	Attorney		0	9	2006	250.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43206	Check			

*** Franklin County Court Appointee**

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Total contributions this event

Total expenditures this event

Page Total \$ 2,000.00

Statement of Contributions Received at a Social or Fundraising Event

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Name of Committee in Full						
Committee to Retain Judge Reece						
Full Name of Contributor				Registration Number, if PAC		
The Plymale Partnership, LLP						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
495 S. High Street, Suite 400			0	9	2006	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Charles William McGowan *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
601 S. High Street	Attorney		0	9	2006	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Matthew S. Halley *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
52 W. Whitter Street	Attorney		0	9	2006	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43206	Check			
Full Name of Contributor				Registration Number, if PAC		
Toki M. Clark *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
233 S. High Street, 3rd Floor	Attorney		0	9	2006	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Meeks Shamansky Political Action Committee				Local PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
511 S. High Street			0	9	2006	3,000.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
Vorys Sater Seymour and Pease LLP Advocates for Effective Gov't				OH108		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
52 E. Gay Street			0	9	2006	1,000.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			
Full Name of Contributor				Registration Number, if PAC		
J. Scott Weisman Law Offices, LPA						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
601 S. High Street, 1st Floor			0	9	2006	300.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			

* Franklin County Court Appointee

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Total contributions this event

Total expenditures this event

Page Total \$ 5,050.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full		Registration Number, if PAC			
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	Amount
		0	9	2006	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		M	D	Y	Amount
		0	9	2006	300.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Patty G. Dawson		Registration Number, if PAC			
Street Address 5322 Castle Pines		M	D	Y	Amount
		0	9	2006	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		M	D	Y	Amount
		0	9	2006	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		M	D	Y	Amount
	Attorney	0	9	2006	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		M	D	Y	Amount
		0	9	2006	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		M	D	Y	Amount
		0	9	2006	100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Cash	

* Franklin County Court Appointee

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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

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			Registration Number, if PAC			
Laurel Beatty						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
233 S. High Street, #300			0	9	2	60.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Cash			
Full Name of Contributor			Registration Number, if PAC			
Diane Menashe *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
536 S. Wall Street, #300	Attorney		0	9	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Cash			
Full Name of Contributor			Registration Number, if PAC			
Kort Gotterdam						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
536 S. Wall Street, #300			0	9	2	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Cash			
Full Name of Contributor			Registration Number, if PAC			
Shirley Rogers-Reece						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7191 Keystone Ranch Court			0	9	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Blacklick	O H	43004	Cash			
Full Name of Contributor			Registration Number, if PAC			
Floyd Reece						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7191 Keystone Ranch Court			0	9	2	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Blacklick	O H	43004	Cash			
Full Name of Contributor			Registration Number, if PAC			
James L. Moses						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
144 E. Columbus Street			0	9	2	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Canal Winchester	O H	43110	Check			
Full Name of Contributor			Registration Number, if PAC			
Ohio McDonald's State Operations PAC			CP694			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
50 W. Broad Street, Suite 2020			0	9	2	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43215	Check			

* **Franklin County Court Appointee**
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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

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				Registration Number, if PAC			
Committee to Retain Judge Reece				OH843			
Full Name of Contributor Chester, Willcox & Saxbe Good Government Fund				Registration Number, if PAC			
Street Address 65 E. State Street, Suite 1000		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	300.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Warner M. Thomas, Jr.				Registration Number, if PAC			
Street Address 140 E. Town Street, Suite 1100		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Joseph E. Scott Co., LPA *				Registration Number, if PAC			
Street Address 35 E. Livingston Avenue		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Joseph Scott-Attorney		0	9	2	150.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Portman, Foley & Flint LLP				Registration Number, if PAC			
Street Address 471 E. Broad Street, Suite 1820		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	150.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Terry K. Sherman *				Registration Number, if PAC			
Street Address 175 S. Merkle Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney		0	9	2	250.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor David P. Rieser				Registration Number, if PAC			
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	150.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Dianne Worthington *				Registration Number, if PAC			
Street Address 706 Aldengate Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney		0	9	2	100.00
City Galloway		State O H	Zip Code 43119	Form(Cash,Check,etc) Check			

* Franklin County Court Appointee

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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 \$ 1,200.00

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			Registration Number, if PAC			
John F. Bender						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
7156 Asheville Park Drive			0	9	2	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43235	Check			
Full Name of Contributor			Registration Number, if PAC			
Patricia S. Harris						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
1000 W. Washington Blvd., #509			0	9	2	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Chicago	I L	60607	Check			
Full Name of Contributor			Registration Number, if PAC			
Eric Hoffman *						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2722 Bexley Park Road	Attorney		1	0	0	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Bexley	O H	43209	Check			
Full Name of Contributor			Registration Number, if PAC			
James J. Henson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2155 Elgin Road			1	0	0	150.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O H	43221	Check			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor			Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)			

*** 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

14,160.00

Total expenditures this event

Page Total \$ 500.00

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full Committee to Retain Judge Reece						
To Whom Paid Carla Dawkins			M	D	Y	Amount
			0	9	2006	120.18
Address 503 Yale Circle		Purpose Reimbursement for invitations				
City Pickerington	State O H	Zip Code 43147	Check Number 1053			
To Whom Paid Athletic Club of Columbus			M	D	Y	Amount
			1	0	2006	311.73
Address 136 E. Broad Street		Purpose Food/Beverages				
City Columbus	State O H	Zip Code 43215	Check Number 1054			
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		
To Whom Paid			M	D	Y	Amount
Address						
City		State	Zip Code	Check Number		

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee Committee to Retain Judge Reece													
From Whom Received Guy L. Reece, II										Prior Amount 11,000.00		Amt. Incurred this Period 0.00	
Address 7191 Keystone Ranch Court												Outstanding Balance 11,000.00	
City Blacklick		State O H	Zip Code 43004		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
1		0	2	5	0	4							
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		
From Whom Received										Prior Amount		Amt. Incurred this Period	
Address												Outstanding Balance	
City		State	Zip Code		Loans Received This Period				Payments This Period				
					Date		Amount		Date		Amount		
Date Loan was originally incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$	
Registration Number, if PAC					M	D	Y		M	D	Y		
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y		

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 11,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 11,000.00 (To Form No. 30-A)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Retain Judge Reece									
To Whom Owed Guy L. Reece, II						Prior Amount 5,804.18		Amt. Incurred this Period 0.00	
Address 7191 Keystone Ranch Court						Item or Purpose for Debt Goods & Service		Outstanding Balance 5,804.18	
City Blacklick				State OH	Zip Code 43004		Payments Made This Period		
							Date	Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State	Zip Code		Payments Made This Period		
							Date	Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State	Zip Code		Payments Made This Period		
							Date	Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
Registration Number, if PAC						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 5,804.18 (also record on cover page)

Statement of Loans Made

Prescribed by Secretary of State 2/01

Full Name of Committee Committee to Retain Judge Reece									
To Whom Made White for Judge Committee					Prior Amount 0.00			Amt. Loaned this Period 1,000.00	
Address 4333 Reed Road								Outstanding Balance 1,000.00	
City Columbus			State OH	Zip Code 43220		Payments Received This Period			
						Date		Amount	
Date Loan was originally Made			M	D	Y	M	D	Y	\$
			1	0	1	3	0	6	
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State	Zip Code		Payments Received This Period			
						Date		Amount	
Date Loan was originally Made			M	D	Y	M	D	Y	\$
To Whom Made					Prior Amount			Amt. Loaned this Period	
Address								Outstanding Balance	
City			State	Zip Code		Payments Received This Period			
						Date		Amount	
Date Loan was originally Made			M	D	Y	M	D	Y	\$

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans made this period to the Statement of Expenditures (Form No. 31-B). Transfer total of all payments received in this period to the Statement of Other Income (Form No. 31-A-2). Transfer Total Outstanding Balance to the cover page.

Total Loans this Period \$ 1,000.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1,000.00 (also record on cover page)

Total Payments Received this Period \$ 0.00 (also recorded on Forms 31-A-2)