

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				CP1058			
Full Name of Contributor				Form(Cash,Check,etc)			
Wiles, Boyle, Burkholder, Bringardner Co., LPA Political Action Com				Check			
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount		
300 Spruce Street		0	2	1	5	1,000.00	
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	O H	43215		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)			
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)			

* 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
2,775.00

Total expenditures this event

Page Total \$ 1,000.00