31-F R.C. 3517.10

Event Date	02/16/12
Page	13

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			М	G	Y	Amount	
Capital Club			1	1 7		1	2,150.09
Address	Purpose		10 2	11/	1112	•	2,100.07
41 S. High Street							
City	Food/be	Zip Code	Check 1	Number		病性	
Columbus	OIH			1067	7	(* 15 () E	\$ 19 (1)
To Whom Paid	<u>, , , , , , , , , , , , , , , , , , , </u>		М	D	Y	Amount	
Aneca Lasley			0 2	2 4	1 2 2	:	50.00
Address	Purpose						
2000 Huntington Ctr., 41 S. High St.	Refund o	of cash overage	·			_	
City	State	Zip Code	Check I	Check Number			
Columbus	OH	43215		1068			ar in the
To Whom Paid			M	D	Y	Amount	
	1-					<u> </u>	
Address	Purpose						
City	State	Tru Cada	Track ?	Name of		1	41.5
City	State	Zip Code	Check Number			#	11.0
To Whom Paid			M	D	Y	Amount	5 1.72 of 16 16 1
					1		
Address	Purpose			1		<u> </u>	
	'						
City	State	Check I	Check Number				
						2 8 3	
To Whom Paid	<u> </u>	<u>'</u>	М	D	Y	Amount	· <u> </u>
Address	Purpose	·					
City	State	Zip Code	Check Number			6. 30	The Contract of
		<u> </u>				* ***	
To Whom Paid			М	D	Y	Amount	
	In .	····				<u> </u>	
Address	Purpose						•
City	State	Zip Code	Check N	Vumber		4.	No family at
Chy	Jane	zip cocc	Check Number		200		
To Whom Paid			М	D	ΙΥ	Amount	* * * * * * * * * * * * * * * * * * * *
Address	Purpose		1 '	<u> </u>	<u> </u>	J	
City	State	Check 1	Vumber		. Agi, t		
	1 1						5

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.

Page Total \$ 2.200.09