

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 Rebekah A. Smith				Registration Number, if PAC	
Street Address 4080 Kilbannon Way		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Dublin	State O H	Zip Code 43016		Form (Cash, Check, etc) Check	
Full Name of Contributor Michael R. Szolosi, Sr. LLC				Registration Number, if PAC	
Street Address 88 E. Broad Street, Suite 1250		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Roger P. Sugarman				Registration Number, if PAC	
Street Address 6025 Cranberry Ct.		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43213		Form (Cash, Check, etc) Check	
Full Name of Contributor Larry W. Thomas				Registration Number, if PAC	
Street Address 1058 Mount Vernon Avenue		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 500.00
City Columbus	State O H	Zip Code 43203		Form (Cash, Check, etc) Check	
Full Name of Contributor Lisa Thompson				Registration Number, if PAC	
Street Address 33 N. High Street, Suite 702		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Roderick H. Willcos				Registration Number, if PAC	
Street Address 65 E. State Street		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) Check	
Full Name of Contributor Mark S. Yurick				Registration Number, if PAC	
Street Address 1078 Glosser Road		Employer/Occupation/Labor Organization*		M D Y 0 2 1 6 1 2	Amount 150.00
City Lebanon	State O H	Zip Code 45036		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 \$ 1,400.00