## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

5.							
Name of Committee in Full							
Committee to Retain Judge Reece							
Full Name of Contributor			Registration Number, if PAC				
Michael R. Szolosi, Sr.							
Street Address	Employer/Occi	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)	
2692 Andover Road	f	İ				Check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	ОІН	l l		3 0 2	2 0 6	200.00	
Full Name of Contributor				Registration Number, if PAC			
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City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Pagist	ration Nue	nber, if PA	<u> </u>	
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Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
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City	State	Zip Code	M		1 1	Amount	
T. H.V		<u>,                                    </u>			1 (67)	<u></u>	
Full Name of Contributor Registration Number, if						C	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
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Full Name of Contributor		<u> </u>	Registr	ation Nun	nber, if PA	C	
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Check, etc.)	
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O).		Territoria	1	-	1		
City	State	Zip Code	M	D	Y	Amount	
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Full Name of Contributor			Registr	ation Nun	nber, if PA	С	
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City	State	Zip Code	М	D	Y	Amount	
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\* 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)

Page Total \$ 200.00