

Total contributions this event

Event Date	2/16/2012
Page	10

Page Total \$

850.00

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 D. Benton, Jr. Street Address Employer/Occupation/Labor Organization* Amount 1 6 1 2 150.00 786 S. Front Street, Suite 204 0 2 Zip Code Form(Cash,Check,etc) 43206 Check Columbus Registration Number, if PAC Full Name of Contributor Douglas A. Funkhouser Employer/Occupation/Labor Organization* D 0 2 1 6 1 2 150.00 1560 Vanelm Street Zip Code Form(Cash,Check,etc) 43228 Check Columbus Full Name of Contributor Registration Number, if PAC Ric Hard Employer/Occupation/Labor Organization* Street Address 1 6 0 | 2 | 150.00 117 Lake Bluff Drive Zip Code Form(Cash,Check,etc) $O \mid H$ Check 43235 Columbus Registration Number, if PAC Full Name of Contributor Toure McCord Employer/Occupation/Labor Organization* Street Address 100.00 0 2 1 6 1 2 844 S. Front Street Zip Code Form(Cash,Check,etc) State Cash 43206 Columbus Registration Number, if PAC Full Name of Contributor Marvina McCord Street Address Employer/Occupation/Labor Organization* 0 2 1 6 1 2 100.00 844 S. Front Street Form(Cash,Check,etc) State Zip Code City $O \mid H$ 43206 Cash Columbus Registration Number, if PAC Full Name of Contributor Ed Emsweller Employer/Occupation/Labor Organization* 0 2 1 6 1 2 50.00 145-B E. Livingston Avenue Zip Code Form(Cash,Check,etc) 43215 Columbus Cash Full Name of Contributor Registration Number, if PAC Aneca Lasley Employer/Occupation/Labor Organization* 150.00 2000 Huntington Ctr., 41 S. High St

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City	State	Zip Code	Form(Cash,Check,etc)	Carried Se
Columbus	OH	43215	Cash	1. 12
* Required for contributions from individuals over \$100 to statewide and should be listed. If two or more employees contribute via payroll deduction 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 F	full Name of Contri	butor state "Contributions fro	om form No. 31-E" and list the	date of the event
in the date column.				

Total expenditures this event