

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Retain Judge Reece													
Full Name of Contributor Vorvys Sater Seymour and Pease LLP						Registration Number, if PAC OH108							
Street Address 52 E. Gay St.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 4		Y 1 2		Amount 2,000.00	
Full Name of Contributor Kegler, Brown, Hill & Ritter, PAC						Registration Number, if PAC CP648							
Street Address 65 E. State St., Ste. 1800			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 4		Y 1 2		Amount 500.00	
Full Name of Contributor Richard Holz						Registration Number, if PAC							
Street Address 1660 Gables Ct.			Employer/Occupation/Labor Organization Ice Miller, LLP				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43235		M 1 1		D 0 3		Y 1 2		Amount 250.00	
Full Name of Contributor Paul Bittner						Registration Number, if PAC							
Street Address 751 Line Way			Employer/Occupation/Labor Organization Ice Miller, LLP				Form (Cash, Check, etc.) Check						
City Gahanna		State O H		Zip Code 43230		M 1 1		D 0 3		Y 1 2		Amount 100.00	
Full Name of Contributor Jay Dingledy						Registration Number, if PAC							
Street Address 3478 River Seine St.			Employer/Occupation/Labor Organization Ice Miller, LLP				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43221		M 1 1		D 0 3		Y 1 2		Amount 250.00	
Full Name of Contributor Richard Barnhart						Registration Number, if PAC							
Street Address 5267 Stratford Ave.			Employer/Occupation/Labor Organization Ice Miller, LLP				Form (Cash, Check, etc.) Check						
City Powell		State O H		Zip Code 43065		M 1 1		D 0 3		Y 1 2		Amount 150.00	
Full Name of Contributor Jeremy Grayem						Registration Number, if PAC							
Street Address 1853 Glenn Ave.			Employer/Occupation/Labor Organization Ice Miller, LLP				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43212		M 1 1		D 0 3		Y 1 2		Amount 250.00	
Full Name of Contributor George M. Sarap						Registration Number, if PAC							
Street Address 51 N. High St., Ste. 781			Employer/Occupation/Labor Organization Attorney at Law				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 3		Y 1 2		Amount 150.00	

* 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 \$ 3,650.00