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R	C	3517	۱Λ

appear. R.C. 3517.10(B)(4)

Page 2	

Page Total \$ 17,325.00

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					Registration Number, if PAC				
Contributions from Form No. 31-E				1					
Street Address	Employer/Occi	ipation/Labor Org	anization				Form (Cash, Check, etc.)		
	;								
City	State	Zip Code		М	D	Y	Amount		
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Full Name of Contributor						ber, if PA			
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Street Address	Employer/Occu	pation/Labor Org	anization				Form (Cash, Check, etc.)		
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City	State	Zip Code		М	D	Y	Amount		
City	1	Zip Code		1	Ī	1			
Full Name of Contributor				Registrat	ion Num	ber, if PA			
Puli Name of Commonion				registrac	ION INGIN	001, 11 1 1 1			
St	E-1-1-10-10-10	marian II abar Om		Town (Cook Cheek way)					
Street Address	Employer/Occi	pation/Labor Org	anization				Form (Cash, Check, etc.)		
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City	State	Zip Code		M	D	Y	Amount		
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Full Name of Contributor		•		Registrat	ion Num	ber, if PA	.C		
Street Address	Employer/Occi	ipation/Labor Org	anization				Form (Cash, Check, etc.)		
		1							
City	State	Zip Code		M	D	Y	Amount		
Full Name of Contributor		;		Registrat	ion Num	ber, if PA	·C		
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Street Address Employer/Occupation/Labor Organization							Form (Cash, Check, etc.)		
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City	State	Zip Code		М	D	Y	Amount		
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Full Name of Contributor				Registrat	ion Num	ber, if PA	(C		
Street Address	Employer/Occi	.pation/Labor Org	anization	ion Form (Cash, Check, etc.)					
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City	State	Zip Code		М	D	Y	Amount		
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Full Name of Contributor	!		_	Registrat	ion Nur	ber, if PA	.C		
Tun Name of Commonos									
Street Address	Employer/Occi	upation/Labor Org	enization				Form (Cash, Check, etc.)		
Street Address	remployer/Occi	iibaiioirraooi Ois	jamizationi				Total (Casa, Cacoa, Sto.)		
C'4	State	Zip Code	 	М	D	Y	Amount		
City	State	Zip Code		l IVI		1 '1	Amount		
	<u> </u>			ID i		har if DA	<u> </u>		
Full Name of Contributor				Registra	uon Nur	iber, if PA			
							Come (Cash Charles and		
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)		
						1	ļ		
City	State	Zíp Code		M	D	Y	Amount		
							<u></u> _		
* Required for contributions over \$100 to statewide and general assen	nbly candidates. If c	ontributor is self-	employed, occupa	tion rather	r than em	iployer sh	ould be listed.		
If two or more employees contribute via payroll deduction and exceed	d the aggregate of S	100, the labor org	anization of which	the empl	oyees are	e member	s, if any, must		