

Total contributions this event

Event Date	2/16/2012
Page	7

Page Total \$ 1.400.00

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

1078 Glosser Road				[0]2[1]6[1]2[
City	State		Zip Code	Form(Cash,Check,etc)	
Lebanon	0	H	45036	Check	A 18
* Required for contributions from individuals over \$100 to statewide a should be listed. If two or more employees contribute via payroil 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 in the date column.	ction and exc	eed the a	ggregate of \$100, the labor	organization of which the emplo	oyees are

Total expenditures this event