Page	4

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			_					
Committee For Judge Patsy A. Thomas Full Name of Contributor				Registration Number, if PAC				
			Registrat	IOH INUH	Jei, ii i A	.C		
Janet E. Jackson Street Address	Employer/Occ	wpation/Labor Organization*				Form (Cash, Cl	neck etc.)	
	1 * *	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
2865 Castlewood Road		Way/CEO Zip Code	1 M	ъ.	Y	check Amount		
Calamahan	State		М 1 0	$\begin{array}{c c} \mathbf{D} \\ 1 & 0 \end{array}$		Amoun	400.00	
Columbus		1 43209	1 0			<u> </u>	400.00	
Full Name of Contributor Ann L. Pizzuti Ttee Registration Number, if PAC								
Street Address	Templayar/Oar	cupation/Labor Organization*				Form (Cash, Cl	ande etc.)	
	Elliployel/Occ				check	icck, cic.)		
One Miranova Place, Suite 2600	Ct.t.	7:- 0-1-	- N	7	Y	Amount CNECK		
City	State O F	Zip Code	M	D		Amoun	E00.00	
Columbus	OF	i 43215		1 0	0 7		500.00	
Full Name of Contributor			Registrat	ion Num	oer, 11 PA	.C		
Porter Wright Morris & Arthur, LLP	In					T (0 1 0		
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Cl	ieck, etc.)	
41 South High Street						check		
City	State	Zip Code	M	D		Amount	5 00.00	
Columbus	1 O F	i 43215		1 0		<u> </u>	500.00	
Full Name of Contributor			Registrat	ion Num	ber, if PA	.C		
Dominic J. Hanket								
Street Address	Employer/Occ		Form (Cash, Check, etc.)					
4890 Arlington Centre Blvd.						check		
City	State	Zip Code	M	D	Y	Amount		
Upper Arlington	1 0	1 43220	1 0	1 5	0 7		50.00	
Full Name of Contributor Registration Number, if PAC								
Citizens For Habash								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Cl	neck, etc.)	
404 S. chesterfield Road						check		
City	State	Zip Code	M	D	Y	Amount		
Columbus	OF	1 43209	$1 \mid 0$	1 5	0 7		2,000.00	
Full Name of Contributor		········	Registrat	ion Numl	ber, if PA	.C		
Jack G. Gibbs, Jr.								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
3855 McDannald Road	Attorn	ey/self employed				check		
City	State	Zip Code	M	D	Y	Amount		
Gahanna	OIF	43230	1 0	1 5	0 7		250.00	
Full Name of Contributor			Registrat	ion Numl	ber, if PA	.C		
Tannisha D. Bell								
Street Address	Employer/Occ	-	Form (Cash, Check, etc.)			neck, etc.)		
617 Worthington Forest Place	assista		check					
City	State	Zip Code	M	D	Y	Amount		
Columbus	OIF	1 43229	1 0	2 4	0 7		10.00	
Full Name of Contributor Registration Number, if PAC						.C	******	
Money From T-Shirts Sold at \$10 each								
Street Address	Employer/Occ				Form (Cash, Cl	neck, etc.)		
							order	
City	State	Zip Code	M	D	Y	Amount		
		<u>'</u>	1 0	2 4	0 7		500.00	
	<u> </u>		110	<u>~ T</u>	1.1	6.0	00000	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, 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 \$ 4,210.00