

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee For Judge Patsy A. Thomas							
Full Name of Contributor Paul D. Ritter, Jr.					Registration Number, if PAC		
Street Address 65 East State Street		Employer/Occupation/Labor Organization* Attny/Kegler Brown Hill		M 0	D 7	Y 0	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Robert J. Weiler					Registration Number, if PAC		
Street Address 41 South High Street, 10th floor		Employer/Occupation/Labor Organization* Robert J. Weiler		M 0	D 7	Y 0	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Larry J. Hotchkiss					Registration Number, if PAC		
Street Address 1241 Dublin Road, Suite 103		Employer/Occupation/Labor Organization* Attorney/Self Employed		M 0	D 7	Y 0	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor John F. Hilt & Associates					Registration Number, if PAC		
Street Address 3793 Broadway		Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2	Amount 250.00
City Grove City	State O	H H	Zip Code 43123	Form(Cash,Check,etc) check			
Full Name of Contributor Diane Glimcher					Registration Number, if PAC		
Street Address 10 N. Drexel Ave.		Employer/Occupation/Labor Organization* 		M 0	D 7	Y 2	Amount 100.00
City Columbus	State O	H H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Bruce F. Browder					Registration Number, if PAC		
Street Address 1789 Oak St.		Employer/Occupation/Labor Organization* None		M 0	D 7	Y 2	Amount 100.00
City Columbus	State O	H H	Zip Code 43205	Form(Cash,Check,etc) check			
Full Name of Contributor Andrew O. Eribo					Registration Number, if PAC		
Street Address 4636 Carrington Way		Employer/Occupation/Labor Organization* Ribonroy Engineering		M 0	D 7	Y 2	Amount 100.00
City Hilliard	State O	H H	Zip Code 43026	Form(Cash,Check,etc) check			

* 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)]

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 Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

7,975.00

Total expenditures this event

Page Total \$ **850.00**