Event Date	07/18/07
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Seci	retary of State 3/05						
Name of Committee in Full								
Committee For Judge Patsy A. Thomas	·		Decision	ion IT	100 icn i	C		
Full Name of Contributor				Registration Number, if PAC				
Shumakerm loop & Kendrick, LLP	T		М					
Street Address	Employer/Occupation/Labor Organization*			D	Y	Amount	200.00	
41 South High Street, Suite 2400	Attoneys				0 7		200.00	
City	State	Zip Code	` `	ash,Check	. ,			
Columbus	O H 43215			check Registration Number, if PAC				
Full Name of Contributor			Registra	non Num	ber, if PA	iC.	,	
James D. Abrams	-							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y OJ 77	Amount	100.00	
7643 Goodrich Square, South	Chester Wilcox & Saxbe		0 7				100.00	
City		Zip Code		ash,Check				
New Albany	$O \mid H$	43054		check				
Full Name of Contributor			Registra	tion Numl	ber, if PA	iC		
Abe Bahgat			<u> </u>		1	1.		
Street Address	1 ' ' '	ation/Labor Organization*	M	D	Y	Amount	400.00	
338 South High Street		//Self Employed	0 7				100.00	
City		Zip Code		ash,Check				
Columbus	$O \mid H$	43215		check				
Full Name of Contributor				tion Num	ber, if PA	AC .		
Frederick D. Benton, Jr.						Τ.		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00	
786 South Front Street, Suite 204	Attorney/Self Employed			2 1		<u></u>	100.00	
City	State Zip Code			ash,Check				
Columbus	O   H   43206			check				
Full Name of Contributor Registration Number, if PAC								
John P. Brody						т. —		
Street Address	Employer/Occupa	M	D	Y	Amount	400.00		
1894 King Ave.	Kegler, E		2 1			100.00		
City	State	Zip Code		ash,Check				
Columbus	O H 43212			check				
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	Registra	ation Num	ber, if PA	AC _		
Yvette McGee Brown			<u></u>					
Street Address	1 ' ' '	ation/Labor Organization*	M	D	Y	Amount	600.00	
643 Crossing Creek S.		or child & Family		2 1			200.00	
City	State	Zip Code	,	ash,Check				
Gahanna	$O \mid H$	43230		check				
Full Name of Contributor			Registra	ation Num	ber, if PA	AC		
Almeta E. Cooper								
Street Address	Employer/Occupa	ation/Labor Organization*	М	D	Y	Amount		
P.O. Box 1212	OSMA							
City	State	Zip Code		ash,Check	k,etc)			
Hilliard	$O \mid H$	43026		check	<u></u>			

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.

Page Total \$850,00_

<sup>\*</sup> 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)]