

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 Philip A. Brown					Registration Number, if PAC			
Street Address 1001 Highland Drive		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	8	3	200.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) check			
Full Name of Contributor Thomas E. Szykowny					Registration Number, if PAC			
Street Address 250 S. Parkview Ave.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	8	3	200.00
City Bexley		State O	H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Ramond D. Anderson					Registration Number, if PAC			
Street Address 2419 Home Road		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	8	3	50.00
City Delaware		State O	H	Zip Code 43015	Form(Cash,Check,etc) check			
Full Name of Contributor William Bowman Kuykendall					Registration Number, if PAC			
Street Address 1580 Guilford Road		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	8	3	100.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) check			
Full Name of Contributor Sherri Blank Lazer					Registration Number, if PAC			
Street Address 258 N. Parkview Ave.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	8	3	200.00
City Bexley		State O	H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Brigid E. Heid					Registration Number, if PAC			
Street Address 1305 Marlyn Drive		Employer/Occupation/Labor Organization* Luper Neidenthal & Logan			M	D	Y	Amount
					0	8	3	250.00
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) check			
Full Name of Contributor Daniel D. Connor					Registration Number, if PAC			
Street Address 366 Allview Road		Employer/Occupation/Labor Organization* Connor & Behal			M	D	Y	Amount
					0	8	3	200.00
City Westerville		State O	H	Zip Code 43081	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

Total expenditures this event

Page Total \$ 1,200.00