

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 Jerrod B. Skinner					Registration Number, if PAC		
Street Address 5474 Kenneylane Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	0	50.00
City Columbus		State O	Zip Code 43235	Form(Cash,Check,etc) check			
		H					
Full Name of Contributor Arvetta M. Simpson					Registration Number, if PAC		
Street Address 1308 Augmont Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Col. City Attorney's Office		1	0	0	35.00
City Columbus		State O	Zip Code 43207	Form(Cash,Check,etc) check			
		H					
Full Name of Contributor Philip B. Kaufman					Registration Number, if PAC		
Street Address 341 South 3rd Street, Suite 300		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney/Sel Employed		1	0	0	35.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
		H					
Full Name of Contributor Nathan sei Akamine					Registration Number, if PAC		
Street Address 844 South Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney/Sel Employed		1	0	0	100.00
City Columbus		State O	Zip Code 43206	Form(Cash,Check,etc) check			
		H					
Full Name of Contributor Oyango A. Snell					Registration Number, if PAC		
Street Address 332 South Third Street, Unit 2		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Briker & Eckler		1	0	0	50.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
		H					
Full Name of Contributor Abe Bahgat					Registration Number, if PAC		
Street Address 3784 Chevington Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Attorney/Sel Employed		1	0	0	50.00
City Columbus		State O	Zip Code 43220	Form(Cash,Check,etc) check			
		H					
Full Name of Contributor Kravits Brown & dortch, LLC					Registration Number, if PAC		
Street Address 65 East State Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		attorneys		1	0	0	140.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
		H					

* 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 \$ **460.00**