## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		-							
Committee For Judge Patsy A. Thomas	S								
Full Name of Contributor					Registration Number, if PAC				
Schottenstein Zox & Dunn PAC						H131			
Street Address	Employe	er/Occun:	ation/Labor Organization*			1101		Form (Cash, Check, etc.)	
250 west Street	[Simple)	v. O C C C C C C C C C C C C C C C C C C	action disparation					check	
City	- C4	tate	Zip Code	М		D	ΙΥ	Amount	
Columbus	o"	⊢ H	43215				4		
Full Name of Contributor	O H 43215 1 0 2 4 0 7  Registration Number, if F								
Maria L. Mone	Ir1	-/0	-ti					Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*								
2091 Yorkshire Road							1	check	
City		tate	Zip Code	M		D	Y	Amount	
Columbus	0	H	43221		0	2 4		40.00	
Full Name of Contributor Registration Number, if PAC									
Street Address								Form (Cash Check etc.)	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
							1	check	
City	S1	tate	Zip Code	M		D	Y	Amount	
								<u></u>	
Full Name of Contributor Registration Number							iber, if PA	AC	
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
C'A.	<del>                                     </del>	ate	Zip Code	М	_	D	ΤΥ	Amount	
City	31	late 	Zip Code	M			1 1	Amount	
Full Name of Contributor		l		Dog	iotrot	ion Nun	her if D/	L	
Full Name of Contributor Registration Number, if PAC									
ant Address						Form (Cash, Check, etc.)			
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, Ctc.)	
City	9	ate	Zip Code	Тм		D	ΙΥ	Amount	
City			Zip Code	1		ا		· mount	
Full Name of Contributor				Reg	istrat	ion Nun	ber. if PA	AC	
Full Name of Contributor Registration Number, if PA									
Street Address	Employer/Occupation/Labor Organization*							Form (Cash, Check, etc.)	
	0								
City		ate	Zip Code	М		D	Y	Amount	
				1					
Full Name of Contributor				Reg	istrat	ion Nun	ber if PA	AC	
Tun Numb of Controller					Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)								
City		ate	Zip Code	М		D	Y	Amount	
ony	"		Lip code			_ 			
Full Name of Contributor	<u> </u>		ļ	Rem	ictrat	ion Nun	ber if PA	\C	
Full Name of Contributor Registration Number, if PAC								AC ,	
Street Address	Employe	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
	Zanpoyon Cocupation Dated Organization								
City		ate	Zip Code	М		D	Y	Amount	
City City	31		Zip Code	1		ر ا	'	mount	
<u>L</u>		L	<u> </u>	لبلا	Щ	بللا		nome of the	

Page Total \$ 1,040.00

<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)]