

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 Bricker & Eckler, LLP				Registration Number, if PAC #OH821			
Street Address 100 Third Street		Employer/Occupation/Labor Organization* Attorneys		M 0	D 9	Y 2	Amount 750.00
City Columbus		State O	Zip Code H 43215	Form(Cash,Check,etc) check			
Full Name of Contributor John T. Conroy				Registration Number, if PAC			
Street Address 3363 Tremont road, Suite 104C		Employer/Occupation/Labor Organization* Attorney/Self Employed		M 1	D 0	Y 0	Amount 35.00
City Columbus		State O	Zip Code H 43221	Form(Cash,Check,etc) check			
Full Name of Contributor M. Elizabeth Gill				Registration Number, if PAC			
Street Address 90E Mithoff		Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 0	Amount 100.00
City Columbus		State O	Zip Code H 43206	Form(Cash,Check,etc) check			
Full Name of Contributor Paul E. Morrison				Registration Number, if PAC			
Street Address 1001 Esther Drive		Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount 35.00
City Columbus		State O	Zip Code H 43207	Form(Cash,Check,etc) check			
Full Name of Contributor Tanisha D. Bell				Registration Number, if PAC			
Street Address 617 worthington Forest Place		Employer/Occupation/Labor Organization* assistant city attorney		M 1	D 0	Y 0	Amount 35.00
City Columbus		State O	Zip Code H 43229	Form(Cash,Check,etc) check			
Full Name of Contributor Marcee C. McCeary				Registration Number, if PAC			
Street Address 2607 Eastcleft Drive		Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount 35.00
City Columbus		State O	Zip Code H 43221	Form(Cash,Check,etc) check			
Full Name of Contributor Collin N. Thomas				Registration Number, if PAC			
Street Address 5493 Turtle Station Way		Employer/Occupation/Labor Organization*		M 1	D 0	Y 0	Amount 35.00
City Westerville		State O	Zip Code H 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

2,250.00

Total expenditures this event

Page Total \$ **1,025.00**