

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

|   |  |   |                          |                                      |   |                             |        |
|---|--|---|--------------------------|--------------------------------------|---|-----------------------------|--------|
| Name of Committee in Full<br><b>Committee For Judge Patsy A. Thomas</b> |  |   |                          |                                      |   |                             |        |
| Full Name of Contributor<br><b>Michael C. Allbritain</b>                |  |   |                          |                                      |   | Registration Number, if PAC |        |
| Street Address<br><b>1866A Northwest Blvd.</b>                          |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y                           | Amount |
|   |  |   |                          | 1                                    | 0 | 0                           | 20.00  |
| City<br><b>Columbus</b>   |  | State<br><b>O</b>                       | Zip Code<br><b>43212</b> | Form(Cash,Check,etc)<br><b>check</b> |   |                             |        |
|   |  | H                                       |                          |                                      |   |                             |        |
| Full Name of Contributor<br><b>Janis Gray</b>                           |  |   |                          |                                      |   | Registration Number, if PAC |        |
| Street Address<br><b>699 Wetmore Road, Apt. A.</b>                      |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y                           | Amount |
|   |  | <b>Col. City Attorney's Office</b>      |                          | 1                                    | 0 | 0                           | 35.00  |
| City<br><b>Columbus</b>   |  | State<br><b>O</b>                       | Zip Code<br><b>43214</b> | Form(Cash,Check,etc)<br><b>check</b> |   |                             |        |
|   |  | H                                       |                          |                                      |   |                             |        |
| Full Name of Contributor<br><b>Kenneth A. Jenkins</b>                   |  |   |                          |                                      |   | Registration Number, if PAC |        |
| Street Address<br><b>629 Jaeger Street</b>                              |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y                           | Amount |
|   |  | <b>Chiropractor</b>                     |                          | 1                                    | 0 | 0                           | 75.00  |
| City<br><b>Columbus</b>   |  | State<br><b>O</b>                       | Zip Code<br><b>43206</b> | Form(Cash,Check,etc)<br><b>check</b> |   |                             |        |
|   |  | H                                       |                          |                                      |   |                             |        |
| Full Name of Contributor<br><b>Michael H. Wander</b>                    |  |   |                          |                                      |   | Registration Number, if PAC |        |
| Street Address<br><b>6631 Collingwood Drive</b>                         |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y                           | Amount |
|   |  | <b>assistant city attorney</b>          |                          | 1                                    | 0 | 0                           | 20.00  |
| City<br><b>Westerville</b>  |  | State<br><b>O</b>                       | Zip Code<br><b>43082</b> | Form(Cash,Check,etc)<br><b>check</b> |   |                             |        |
|   |  | H                                       |                          |                                      |   |                             |        |
| Full Name of Contributor<br><b>Mark A. Serrott</b>                      |  |   |                          |                                      |   | Registration Number, if PAC |        |
| Street Address<br><b>789 Northwest Blvd.</b>                            |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y                           | Amount |
|   |  | <b>Attorney/Sel Employed</b>            |                          | 1                                    | 0 | 0                           | 200.00 |
| City<br><b>Columbus</b>   |  | State<br><b>O</b>                       | Zip Code<br><b>43212</b> | Form(Cash,Check,etc)<br><b>check</b> |   |                             |        |
|   |  | H                                       |                          |                                      |   |                             |        |
| Full Name of Contributor<br><b>Laua Natalie Baker</b>                   |  |   |                          |                                      |   | Registration Number, if PAC |        |
| Street Address<br><b>165 Halligan Ave.</b>                              |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y                           | Amount |
|   |  | <b>assistant city attorney</b>          |                          | 1                                    | 0 | 0                           | 100.00 |
| City<br><b>Worthington</b>  |  | State<br><b>O</b>                       | Zip Code<br><b>43085</b> | Form(Cash,Check,etc)<br><b>check</b> |   |                             |        |
|   |  | H                                       |                          |                                      |   |                             |        |
| Full Name of Contributor<br><b>Michael A. Prisley</b>                   |  |   |                          |                                      |   | Registration Number, if PAC |        |
| Street Address<br><b>2183 Zollinger Road</b>                            |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y                           | Amount |
|   |  | <b>assistant city attorney</b>          |                          | 1                                    | 0 | 0                           | 35.00  |
| City<br><b>Columbus</b>   |  | State<br><b>O</b>                       | Zip Code<br><b>43221</b> | Form(Cash,Check,etc)<br><b>check</b> |   |                             |        |
|   |  | 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 \$ **485.00**