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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		-		<del></del>			
	าลร						
Committee For Judge Patsy A. Thomas			Registration	Registration Number, if PAC			
Jo Ann St. Clair	Employer/Occurs	nation/Labor Organization*			Form (Cash, Check, etc.)		
Street Address	Employer/Occup	STOLD PROOF OF SAILSAUOIL.			check		
209 Olentangy Street	G	Zin Coda	M	D Y	Amount		
City	State	Zip Code			40.00		
Columbus	OH	43202	1 0 2				
Full Name of Contributor Registration Number, if PAC							
Lark T. Mallory	B 1 75	- Line II also - O			Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*			` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
8108 Slate Ridge Blvd.		Ta: O. I		<u> </u>	check		
City	State	Zip Code	1 1	D Y	Amount		
Reynoldsburg	O H	43068		7 0 7	100.00		
Full Name of Contributor	Registration Number, if PA			Number, if PA	U		
Lynne D. La Con					P (0 1 0 1		
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.)		
					money order		
City	State	Zip Code	1 1	D Y	Amount		
Columbus	ОН		1 0 2		50.00		
Full Name of Contributor			Registration	Number, if PA	С		
Joseph D. Reed							
Street Address	Employer/Occup	pation/Labor Organization*			Form (Cash, Check, etc.)		
713 South Front Street					check		
City	State	Zip Code	M	D Y	Amount		
Columbus	ОН	43206	1 0 2	2 7 0 7	75.00		
Full Name of Contributor		-		Number, if PA	С		
IBEW-COPE							
Street Address	Employer/Occur	pation/Labor Organization*			Form (Cash, Check, etc.)		
900 Seventh Street, N.W.	1 , ,	<del>-</del>			check		
City	State	Zip Code	M	D Y	Amount		
Washington	D C	20001	$\begin{vmatrix} 1 & 0 \end{vmatrix} 2$				
VV ASTITING TOTAL Full Name of Contributor					<u> </u>		
Stephen L. McIntosh	Employer/Occur	nation/Lahor Organization*			Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*				check		
799 Nob Hill Drive W.	O	Zip Code	M	D Y	Amount		
Calagraph		•		$\begin{bmatrix} 1 & 1 & 1 \\ 1 & 7 & 0 & 7 \end{bmatrix}$			
Gahanna	OH	4323U					
Full Name of Contributor Registration Number, if PA							
UFCW Local 1059	#LA437			<b>1</b> 0/	Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*						
4150 E. Main Street	0			D 1 ***	check		
City	State	Zip Code	1 1	DY	Amount 500.00		
Columbus	OH	43213		1 7 0 7			
Full Name of Contributor Registration Number, if PAC							
Theresa E. Potter							
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)				
134 N. Schultz Ave.			check				
City	State	Zip Code	M	D Y	Amount		
Columbus	OH	43222		1   7   0   <u>7</u>			
equired for contributions from individuals over \$100 to statewide and	general assembly cand	lidates If contributor is self-em	ployed the occ	mation and the	name of the		

Page Total \$ 3,215.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is ser-employed, the occupation and the hance 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)]