

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 Rasheeda Zamani Khan | | | | | Registration Number, if PAC | | |
| Street Address 551 S. Grant Ave. | | Employer/Occupation/Labor Organization* | | | M | D | Y |
| | | | | | 0 | 9 | 2 |
| | | | | | 5 | 0 | 7 |
| | | | | | Amount 75.00 | | |
| City Columbus | | State O | H | Zip Code 43206 | Form(Cash,Check,etc) check | | |
| Full Name of Contributor Laurel A. Beatty | | | | | Registration Number, if PAC | | |
| Street Address 268 E. Gates Street | | Employer/Occupation/Labor Organization* | | | M | D | Y |
| | | Secretary of State's Office | | | 0 | 9 | 2 |
| | | | | | 5 | 0 | 7 |
| | | | | | Amount 75.00 | | |
| City Columbus | | State O | H | Zip Code 43206 | Form(Cash,Check,etc) check | | |
| Full Name of Contributor Ryan Lippe | | | | | Registration Number, if PAC | | |
| Street Address 1275 Beechtake Drive | | Employer/Occupation/Labor Organization* | | | M | D | Y |
| | | | | | 0 | 9 | 2 |
| | | | | | 5 | 0 | 7 |
| | | | | | Amount 75.00 | | |
| City Columbus | | State O | H | Zip Code 43235 | Form(Cash,Check,etc) check | | |
| Full Name of Contributor Andrea L. Calloway | | | | | Registration Number, if PAC | | |
| Street Address 5764 Old Trial Court | | Employer/Occupation/Labor Organization* | | | M | D | Y |
| | | | | | 0 | 9 | 2 |
| | | | | | 5 | 0 | 7 |
| | | | | | Amount 75.00 | | |
| City Columbus | | State O | H | Zip Code 43213 | Form(Cash,Check,etc) check | | |
| Full Name of Contributor Paul T. Khoury | | | | | Registration Number, if PAC | | |
| Street Address 704 Neil Ave. | | Employer/Occupation/Labor Organization* | | | M | D | Y |
| | | Assistant City Attorney | | | 0 | 9 | 2 |
| | | | | | 5 | 0 | 7 |
| | | | | | Amount 75.00 | | |
| City Columbus | | State O | H | Zip Code 43215 | Form(Cash,Check,etc) check | | |
| Full Name of Contributor Andrea Watts | | | | | Registration Number, if PAC | | |
| Street Address 2445 Hotchkiss Street | | Employer/Occupation/Labor Organization* | | | M | D | Y |
| | | | | | 0 | 9 | 2 |
| | | | | | 5 | 0 | 7 |
| | | | | | Amount 75.00 | | |
| City Grove City | | State O | H | Zip Code 43123 | Form(Cash,Check,etc) check | | |
| Full Name of Contributor Jennifer L. Mackanos | | | | | Registration Number, if PAC | | |
| Street Address 5936 Clipper Landing Drive | | Employer/Occupation/Labor Organization* | | | M | D | Y |
| | | | | | 0 | 9 | 2 |
| | | | | | 5 | 0 | 7 |
| | | | | | Amount 75.00 | | |
| City Columbus | | State O | H | Zip Code 43228 | 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

1,375

Total expenditures this event

Page Total \$ 525.00