Event Date	07/18/07
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## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05						
Name of Committee in Full							•	
Committee For Judge Patsy A. Thomas								
Full Name of Contributor				Registration Number, if PAC				
Cynthia Lazarus								
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00	
88 W Beechwold Blvd.	YWCA			2 1			100.00	
City	State	Zip Code	1 '	sh,Check				
Columbus	$O \mid H$	43214		check				
Full Name of Contributor			Registrat	tion Num	ber, if PA	iC		
George R. McCue								
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	400.00	
4598 Bridle Path Lane	Crabb Brown & James		0   7	2 1			100.00	
City	State	Zip Code	1	sh,Check				
Dublin	$O \mid H$	43017		check				
Full Name of Contributor			Registrat	Registration Number, if PAC				
Stephen L. McIntosh								
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	400.00	
799 Nob Hill Drive	Common Pleas Judge		0 7		0 7		100.00	
City	State	Zip Code	`	sh,Check				
Gahanna	$O \mid H$	43230	_	check				
Full Name of Contributor			Registrat	tion Num	ber, if PA	.C		
Kathy A. Owens			<u> </u>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	100.00	
2550 Tucker Trail	City of Columbus		0 7		0 7		100.00	
City	State	Zip Code		sh,Check				
Lewis Center	$O \mid H$	43035		check				
Full Name of Contributor			Registrat	tion Num	ber, if PA	.C		
Frederick L. Ransier III	·		ļ					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	400.00	
1081 East Long Street	Vorys Sater Seymour		0 7		0 7		100.00	
City	State	Zip Code	Form(Ca		. ,			
Columbus	OH	43203		check				
Full Name of Contributor			Registration Number, if PAC					
Kathleen H. Ransier	T	<del></del>				r -		
Street Address	1 ' '	ation/Labor Organization*	M	D	Y	Amount	400.00	
1081 East Long Street		ter Seymour	0 7		0 7		100.00	
City	State	Zip Code	Form(Ca					
Columbus	$O \mid H$	43203		check				
Full Name of Contributor			Registrat	tion Numl	ber, if PA	.C		
Mark A. Serrott	T	<del></del>	<del>     </del>					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	400.00	
789 Northwest Blvd.	Attorney		0 7		0 7		100.00	
City	State	Zip Code	Form(Ca					
Columbus	$O \mid H$	43212		check				

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 \$ 700.00

<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)]