31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee For Judge Patsy A. Thomas								
Full Name of Contributor							Registration Number, if PAC	
Preston N. Stearns								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1020 Matterhorn Drive							check	
City	State	Zip Code	M	D	Y		Amount	
Reynoldsburg	OH	43068	10	27	07		25.00	
Full Name of Contributor							Registration Number, if PAC	
Vician C. Bitting								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
937 Karlslyle Drive							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43228	10	27	07		25.00	
Full Name of Contributor							Registration Number, if PAC	
Gloria J. Hoover								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3780 Maize Road							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43224	10	27	07		25.00	
Full Name of Contributor							Registration Number, if PAC	
Isom Nivins, Jr.								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1125 Tulsa Drive							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43229	10	27	07		25.00	
Full Name of Contributor							Registration Number, if PAC	
Cheryl A. B. Christie								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1344 Eldorn Drive							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43207	10	27	07		100.00	
Full Name of Contributor							Registration Number, if PAC	
Cheri Liggins								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
3443 Medway Ave.	0						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43213	10	27	07		50.00	
Full Name of Contributor							Registration Number, if PAC	
Dr. Canise Y. Bean								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1734 Franklin Ave.	0						check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43205	10	27	07		50.00	
Full Name of Contributor							Registration Number, if PAC	
Pamela J. Garrett								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
218 Dellfield Ln.							check	
City	State	Zip Code	M	D	Y		Amount	
Gahanna	OH	43230	10	27	07		25.00	

* 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)]

Page Total $ 325.00