Event Date	10/2/07
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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		<u> </u>		······································		
Full Name of Contributor			Registration Number, if PAC			
Harold D. Keller						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
543 Greenglade Ave.			1 0 0 2		150.00	
City	State	Zip Code	Form(Cash,Check			
Worthington	$O \mid H$	43085	check			
Full Name of Contributor				Registration Number, if PAC		
Taft, Stettinius & hollister			#OH1146			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount			
425 Walnut Street, Suite 1800	attorneys		1 0 0 2		500.00	
City	State	Zip Code	Form(Cash,Check			
Cincinnati	$O \mid H$	45202	check			
Full Name of Contributor			Registration Numb	per, if PAC		
SMD/HLS Bonding Co., LLC						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
571 South High Street			1 0 0 2		150.00	
City	State	Zip Code	Form(Cash,Check			
Columbus	$O \mid H$	43215	check			
Full Name of Contributor		<u>. </u>	Registration Numl	per, if PAC		
Kenneth Gamble		<u> </u>	<u> </u>			
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount		
4645 Kingston Court			1 0 0 2		150.00	
City	State	Zip Code	Form(Cash,Check			
Columbus	$O \mid H$	43220	check			
Full Name of Contributor			Registration Num	ber, if PAC		
Samuel B. Weiner Co., LPA						
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	400.00	
743 South Front Street	Attorney/Self Employed			0 7	100.00	
City	State	Zip Code	Form(Cash,Check			
Columbus	O H 43206		check			
Full Name of Contributor			Registration Number, if PAC			
Gary W. Hammond			ļ			
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	480.00	
556 E. Town Street	Attorney	y/Self Employed	1 0 1 0		150.00	
City	State	Zip Code	Form(Cash,Check			
Columbus	$O \mid H$	43215	check			
Full Name of Contributor			Registration Number, if PAC			
Danny L. Cvetanovich						
Street Address	Employer/Occup	ation/Labor Organization*	M D	Y Amount	4=00=	
1880 Willow Forge Drive			1 0 1 0		150.00	
City	State	Zip Code	Form(Cash,Check			
Columbus	$O \mid H$	43220	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 \$ 1.350.00

^{*} 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)]