

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 Carlile Patchen & Murphy, LLP					Registration Number, if PAC			
Street Address 366 East Broad Street		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	8	3	200.00
City Columbus	State O	H	Zip Code 43215		Form(Cash,Check,etc) check			
Full Name of Contributor Luper Neidenthal & Logan					Registration Number, if PAC			
Street Address 50 West Broad Street		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		Attorneys			0	8	3	500.00
City Columbus	State O	H	Zip Code 43215		Form(Cash,Check,etc) check			
Full Name of Contributor Neil W. Rosenberg					Registration Number, if PAC			
Street Address 400 South 5th Street, Suite 102		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		Attorney/Self Employed			0	8	3	200.00
City Columbus	State O	H	Zip Code 43215		Form(Cash,Check,etc) check			
Full Name of Contributor Murphy Murphy Moul & Basil, LLP					Registration Number, if PAC			
Street Address 1533 Lake Shore Drive		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	8	3	200.00
City Columbus	State O	H	Zip Code 43204		Form(Cash,Check,etc) check			
Full Name of Contributor Lee M. Smith					Registration Number, if PAC			
Street Address 929 Harrison Ave., Suite 300		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		Attorney/Self Employed			0	8	3	500.00
City Columbus	State O	H	Zip Code 43215		Form(Cash,Check,etc) check			
Full Name of Contributor Vorvys Sater Seymour & Pease, LLP					Registration Number, if PAC #OH109			
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization*			M	D	Y	Amount
		Attorneys			0	8	3	1,000.00
City Columbus	State O	H	Zip Code 43215		Form(Cash,Check,etc) check			
Full Name of Contributor					Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*			M	D	Y	Amount
City	State	H	Zip Code		Form(Cash,Check,etc)			

* 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

Total expenditures this event

Page Total \$ 2,600.00