

Event Date 08/23/07

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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 Jeffrey A. Berndt					Registration Number, if PAC		
Street Address 575 South High Street		Employer/Occupation/Labor Organization* Attorney/Self Employed		M 0	D 8	Y 3	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor David B. Pariser					Registration Number, if PAC		
Street Address 2557 Bexley Park road		Employer/Occupation/Labor Organization* Attorney/Self Employed		M 0	D 8	Y 3	Amount 200.00
City Bexley	State O	H H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Kravitz, Brown, & Dortch, LLC					Registration Number, if PAC		
Street Address 145 East Rich Street		Employer/Occupation/Labor Organization*		M 0	D 8	Y 3	Amount 200.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Robert J. Weiler					Registration Number, if PAC		
Street Address 41 South High Street, Suite 1010		Employer/Occupation/Labor Organization* Self Employed		M 0	D 8	Y 3	Amount 200.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Stanley B. Dritz					Registration Number, if PAC		
Street Address 50 West Broad Street, Suite 2200		Employer/Occupation/Labor Organization* Attorney		M 0	D 8	Y 3	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Samuel B. Weiner Co., LPA					Registration Number, if PAC		
Street Address 743 South Front Street		Employer/Occupation/Labor Organization* Attorney/Self Employed		M 0	D 8	Y 3	Amount 100.00
City Columbus	State O	H H	Zip Code 43206	Form(Cash,Check,etc) check			
Full Name of Contributor Ty D. Marsh					Registration Number, if PAC		
Street Address 57 Riverview Park Drive		Employer/Occupation/Labor Organization* Chamber of Commerce		M 0	D 8	Y 3	Amount 100.00
City Columbus	State O	H H	Zip Code 43214	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

\$8,000.00

Total expenditures this event

Page Total \$ 1,000.00