

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full				Registration Number, if PAC				
Committee For Judge Patsy A. Thomas								
Full Name of Contributor				Registration Number, if PAC				
Jeffrey A. Berndt								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
575 South High Street	Attorney/Self Employed	0	8	3	1	0	7	100.00
City	State	Zip Code		Form(Cash, Check, etc)				
Columbus	O H	43215		check				
Full Name of Contributor				Registration Number, if PAC				
David B. Pariser								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
2557 Bexley Park road	Attorney/Self Employed	0	8	3	1	0	7	200.00
City	State	Zip Code		Form(Cash, Check, etc)				
Bexley	O H	43209		check				
Full Name of Contributor				Registration Number, if PAC				
Kravitz, Brown, & Dortch, LLC								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
145 East Rich Street		0	8	3	1	0	7	200.00
City	State	Zip Code		Form(Cash, Check, etc)				
Columbus	O H	43215		check				
Full Name of Contributor				Registration Number, if PAC				
Robert J. Weiler								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
41 South High Street, Suite 1010	Self Employed	0	8	3	1	0	7	200.00
City	State	Zip Code		Form(Cash, Check, etc)				
Columbus	O H	43215		check				
Full Name of Contributor				Registration Number, if PAC				
Stanley B. Dritz								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
50 West Broad Street, Suite 2200	Attorney	0	8	3	1	0	7	100.00
City	State	Zip Code		Form(Cash, Check, etc)				
Columbus	O H	43215		check				
Full Name of Contributor				Registration Number, if PAC				
Samuel B. Weiner Co., LPA								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
743 South Front Street	Attorney/Self Employed	0	8	3	1	0	7	100.00
City	State	Zip Code		Form(Cash, Check, etc)				
Columbus	O H	43206		check				
Full Name of Contributor				Registration Number, if PAC				
Ty D. Marsh								
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount			
57 Riverview Park Drive	Chamber of Commerce	0	8	3	1	0	7	100.00
City	State	Zip Code		Form(Cash, Check, etc)				
Columbus	O H	43214		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