

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee For Judge Patsy A. Thomas</b>						
Full Name of Contributor <b>Barb Pfeiffer</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	0	35.00
City	State	Zip Code	Form(Cash,Check,etc)			
			cash			
Full Name of Contributor <b>Eileen Paley</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
	attorney		1	0	0	35.00
City	State	Zip Code	Form(Cash,Check,etc)			
			cash			
Full Name of Contributor <b>Jesse Curry</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	0	10.00
City	State	Zip Code	Form(Cash,Check,etc)			
			cash			
Full Name of Contributor <b>Roxanne Tyree</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
	Common Pleas Court		1	0	0	25.00
City	State	Zip Code	Form(Cash,Check,etc)			
			cash			
Full Name of Contributor <b>Stephanie Sommers</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	0	20.00
City	State	Zip Code	Form(Cash,Check,etc)			
			cash			
Full Name of Contributor <b>Michael Rankin</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
	Attorney		1	0	0	40.00
City	State	Zip Code	Form(Cash,Check,etc)			
			cash			
Full Name of Contributor <b>Michael Council</b>				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
108 Buttles Ave.	Real Estate/Self Employed		1	0	0	80.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	O   H	43215	cash			

\* 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 \$ 245.00