

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 Melinda Swan				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
			1	0	0	100.00
City	State	Zip Code	Form(Cash, Check, etc)			
			cash			
Full Name of Contributor Matthew D. Habash				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2032 Scioto Pointe Drive	Mid Ohio Food Bank		1	0	0	250.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43221	check			
Full Name of Contributor Nicholas Decenzo				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
50 West 8th Ave. Apt. A.			1	0	0	25.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43201	check			
Full Name of Contributor Edward F. Feighan				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4089 Easton Way			1	0	0	75.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43219	check			
Full Name of Contributor Robert G. Snyder				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
520 Chatham Road			1	0	0	75.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43214	check			
Full Name of Contributor Paula Brooks				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
4585 benderton Court	County Commissioner		1	0	0	150.00
City	State	Zip Code	Form(Cash, Check, etc)			
Columbus	O H	43220	check			
Full Name of Contributor Frederick A. Vierow				Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
6670 Haymore Ave West			1	0	0	75.00
City	State	Zip Code	Form(Cash, Check, etc)			
Worthington	O H	43085	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

1,615.00

Total expenditures this event

Page Total \$ 750.00