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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee For Judge Patsy A. Tho	mas							
Full Name of Contributor				Registration Number, if PAC				
OCSEA/AFSCME			#L/	4292				
Street Address	Employer/Occup	ation/Labor Organization*			j	Form (Cash, Ch	eck, etc.)	
390 Worthington Road, Ste. A						check		
City	State	Zip Code	M	D		Amount		
Westerville	<u>O H</u>	43082	1 0		0 7		500.00	
Full Name of Contributor			Registra	tion Num	ber, if PA	С		
Stephen D. Warren								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
883 Troon Trl.						check	_	
City	State	Zip Code	М	D	Y	Amount	"	
Worthington	$O \mid H$	43085	1 0	2 7	0 7		100.00	
Full Name of Contributor	<u> </u>		Registra	tion Num	ber, if PA	С		
Cynthia Lazarus								
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
88 W. Beechwold Blvd.					check			
City	State	Zip Code	М	D	Y	Amount		
Columbus	ОН	43214	1 0	2 7	0 7		400.00	
Full Name of Contributor					ber, if PA	C		
Stuart Lazarus			ľ					
Street Address	Employer/Occur	oation/Labor Organization*			-	Form (Cash, Ch	eck, etc.)	
88 W. Beechwold Blvd.								
City	State	Zip Code	I M	D	Y	check Amount		
Columbus	ОН	43214	1 0	l .	0 7	1	500.00	
Full Name of Contributor	0 1.	40214			ber, if PA	C	000.00	
			Rogisau	tion i tuit	,			
Committee For Joyce Beatty Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	eck etc)	
	Employer/Occup	Janon Labor Organization				check	,,	
233 S. High Street	State	Zip Code	M	D	Y	Amount		
Calumatana	O H	43215	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} 0$	Ι.	0 7	7 diloune	150.00	
Columbus Full Name of Contributor	0 11	43213			ber, if PA	C	150.00	
			Kegisua	KIOH I TUH	oci, ii i i			
Toki M. Clark	E-maloyar/Occur	pation/Labor Organization*		-		Form (Cash, Ch	eck etc.)	
Street Address	1 1 1				check			
233 S. High Street	O State	Zip Code	М	D	Y	Amount		
Calumatana	OH			E	0 7		200.00	
Columbus	0 11	43213			ber, if PA		200.00	
Full Name of Contributor			Registra	ILIOII INUIII	oci, ii i A			
Roxyanne C. Burrus	r 1 /0	/' // 1 · · O · · · · · · *				Form (Cash, Ch	ools ato)	
Street Address	Employer/Occupation/Labor Organization*						icck, cic.)	
7955 Cheriton Circle	0	In a	1.77	1 5	1 37	check		
City	State	Zip Code	M	D	Y	Amount	125.00	
Reynoldsburg	O H	43068	10	2 7	0 7		125.00	
Full Name of Contributor			Registra	mon Num	ber, if PA	ıC		
Michael L. Silberstein						n (C : ~	*	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1088 Fountain Lane				T -	1	check		
City	State	Zip Code	M	D	Y	Amount	05 00	
Columbus	OH	43213	1 0	2 7	0 7	<u> </u>	25.00	

Page Total \$ 2,000.00

^{*} 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)]