

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee For Judge Patsy A. Thomas							
Full Name of Contributor OCSEA/ AFSCME					Registration Number, if PAC #LA292		
Street Address 390 Worthington Road, Ste. A		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43082	M 1 0	D 2 7	Y 0 7	Amount 500.00	
Full Name of Contributor Stephen D. Warren					Registration Number, if PAC		
Street Address 883 Troon Trl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State O H	Zip Code 43085	M 1 0	D 2 7	Y 0 7	Amount 100.00	
Full Name of Contributor Cynthia Lazarus					Registration Number, if PAC		
Street Address 88 W. Beechwold Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 2 7	Y 0 7	Amount 400.00	
Full Name of Contributor Stuart Lazarus					Registration Number, if PAC		
Street Address 88 W. Beechwold Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 2 7	Y 0 7	Amount 500.00	
Full Name of Contributor Committee For Joyce Beatty					Registration Number, if PAC		
Street Address 233 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 7	Y 0 7	Amount 150.00	
Full Name of Contributor Toki M. Clark					Registration Number, if PAC		
Street Address 233 S. High Street		Employer/Occupation/Labor Organization* 0			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 7	Y 0 7	Amount 200.00	
Full Name of Contributor Roxyanne C. Burrus					Registration Number, if PAC		
Street Address 7955 Cheriton Circle		Employer/Occupation/Labor Organization* 0			Form (Cash, Check, etc.) check		
City Reynoldsburg	State O H	Zip Code 43068	M 1 0	D 2 7	Y 0 7	Amount 125.00	
Full Name of Contributor Michael L. Silberstein					Registration Number, if PAC		
Street Address 1088 Fountain Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43213	M 1 0	D 2 7	Y 0 7	Amount 25.00	

* 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)]

Page Total \$ 2,000.00