

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 J Miles Gibson						Registration Number, if PAC	
Street Address 929 Stoney Creek Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	150.00
City Columbus		State O	H	Zip Code 43235	Form(Cash,Check,etc) check		
Full Name of Contributor Steven D. Farrell						Registration Number, if PAC	
Street Address 848 South third Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		United Way		1	0	1	125.00
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) check		
Full Name of Contributor Connor Behal						Registration Number, if PAC	
Street Address 501 South high Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	150.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) check		
Full Name of Contributor Bailey Cavalieri, LLC						Registration Number, if PAC	
Street Address 10 West Broad Street, Suite 2100		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	750.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) check		
Full Name of Contributor Richard C. Mizer						Registration Number, if PAC	
Street Address 2647 Berwyn Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	150.00
City Columbus		State O	H	Zip Code 43221	Form(Cash,Check,etc) check		
Full Name of Contributor Mark K. Milligan						Registration Number, if PAC	
Street Address P.O. Box 12307		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	150.00
City Columbus		State O	H	Zip Code 43212	Form(Cash,Check,etc) check		
Full Name of Contributor Jeffery D. Porter						Registration Number, if PAC	
Street Address 2528 Bloxom St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100.00
City Grove City		State O	H	Zip Code 43123	Form(Cash,Check,etc) 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

2,925

Total expenditures this event

Page Total \$ 1,575.00