

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 Greg Finnerty					Registration Number, if PAC		
Street Address 66 East Lynn Street		Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Ivery D. Foreman							
Street Address 7274 Covenrty Woods Drive		Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2	Amount 100.00
City Dublin		State O	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Jerry Hammond							
Street Address 155 W. Main Street		Employer/Occupation/Labor Organization* None		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Bill R. Hedrick							
Street Address 838 Thurber Drive West Apt. 22		Employer/Occupation/Labor Organization* Attorney/City of Columbu		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) check			
Full Name of Contributor Cassandra L. Hicks							
Street Address 670 Frances Court		Employer/Occupation/Labor Organization* U.S. Assistant Attorney		M 0	D 7	Y 2	Amount 100.00
City Gahanna		State O	Zip Code 43230	Form(Cash,Check,etc) check			
Full Name of Contributor Janet E. Jackson							
Street Address 2865 Castlewood Road		Employer/Occupation/Labor Organization* United Way/CEO		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Philip B. Kaufman							
Street Address 341 South High Street		Employer/Occupation/Labor Organization* Attorney		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code 43215	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

Total expenditures this event

Page Total \$ 700.00