

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 Ronald J. Koltak					Registration Number, if PAC		
Street Address 1963 N. Devon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington	State O H	Zip Code 43212	M 1 1	D 1 7	Y 0 7	Amount 250.00	
Full Name of Contributor Linda D. Walton					Registration Number, if PAC		
Street Address 7948 Seward Park Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Seattle	State W A	Zip Code 98118	M 1 1	D 1 7	Y 0 7	Amount 250.00	
Full Name of Contributor Renny J. Tyson					Registration Number, if PAC		
Street Address 268 S. Harding Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1 1	D 1 7	Y 0 7	Amount 250.00	
Full Name of Contributor Jamie L. Thomas					Registration Number, if PAC		
Street Address 222 Parklawn Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43213	M 1 1	D 1 7	Y 0 7	Amount 10.00	
Full Name of Contributor Friends of Heard					Registration Number, if PAC		
Street Address 2603 Burnbary Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 1 1	D 1 7	Y 0 7	Amount 150.00	
Full Name of Contributor Kecia Lay					Registration Number, if PAC		
Street Address 1312 Shady Ln.		Employer/Occupation/Labor Organization* 0			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43227	M 1 1	D 1 7	Y 0 7	Amount 25.00	
Full Name of Contributor Jan M. Gorniak					Registration Number, if PAC		
Street Address 7374 Claddaugh Lane		Employer/Occupation/Labor Organization* 0			Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43016	M 1 1	D 1 7	Y 0 7	Amount 25.00	
Full Name of Contributor Terri Y. Street					Registration Number, if PAC		
Street Address 187 N. Garfield Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43203	M 1 1	D 1 7	Y 0 7	Amount 125.00	

* 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 \$ 1,085.00