Page	4	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full										
Committee For Judge Patsy A. Thom	as					:00.1				
Full Name of Contributor				Registrat	ion Num	ber, if PA	C			
Ronald J. Koltak										
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Che	eck, etc.)		
1963 N. Devon Road							check			
City	Sta		Zip Code	М	D	Y	Amount			
Upper Arlington	0	Н	43212	1 1	1 7	0 7		250.00		
Full Name of Contributor				Registrat	ion Num	ber, if PA	C			
Linda D. Walton										
Street Address	Employe	r/Occupa	ntion/Labor Organization*				Form (Cash, Ch	eck, etc.)		
7948 Seward Park Ave.	i						check			
City	St	ate	Zip Code	М	D	Y	Amount			
Seattle	W	Α	98118	1 1	1 7	0 7		250.00		
Full Name of Contributor						ber, if PA	C			
Renny J. Tyson										
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
268 S. Harding Road			U				check			
City	St	ate	Zip Code	M	D	Y	Amount			
Columbus		Н	43209	$ _{1 1}$	$1 \mid 7$	0 7		250.00		
Full Name of Contributor			40207			ber, if PA	C	200.00		
Jamie L. Thomas				regiona	ion i turi					
Street Address	Employe	r/Occup	ation/Labor Organization*				Form (Cash, Ch	eck_etc.)		
	Employe	i/Occupa	HIOIP Labor Organization				check	con, cic.		
222 Parklawn Blvd.			[2] O. 1.	М	L D	Y	Amount			
City	١ ۾	ate	Zip Code	. I .	D 1 17		Ainount	10.00		
Columbus	0	Н	43213	1 1	1 7			10.00		
Full Name of Contributor				Registra	non Num	ber, if PA	iC .			
Friends of Heard							I	1		
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
2603 Burnbary Drive							check			
City	St	ate	Zip Code	M	D	Y	Amount	4 # 0 00		
Columbus	0	H	43209	1 1	1 7	0 7		150.00		
Full Name of Contributor				Registra	tion Num	ber, if PA	C.			
Kecia Lay										
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
1312 Shady Ln.	0						check			
City	St	ate	Zip Code	M	D	Y	Amount	,		
Columbus	0	H	43227	1 1 1	1 7	0 7		25.00		
Full Name of Contributor	•					ber, if PA				
Jan M. Gorniak				1						
Street Address	Employe	г/Оссира	ation/Labor Organization*	-			Form (Cash, Ch	eck, etc.)		
7374 Claddaugh Lane	0	0					check			
City		ate	Zip Code	М	D	Y	Amount			
Dublin	0	Н	43016	111	$1 \mid 7$	0 7		25.00		
Full Name of Contributor		<u> </u>				ber, if PA	\C			
Terri Y. Street										
Street Address	Employe	r/Occur-	ation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck, etc.)		
	Limpioye					check				
187 N. Garfield Ave.	- 04	ate	Zip Code	М	D	Y	Amount			
City					l .	1		125.00		
Columbus	O	Н	43203	1 1	1 7	0 7	<u> </u>	123,00		

Page Total \$ 1,085.00

^{*} 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)]