

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 Keggler Brown Hill & Ritter, PAC | | | | | Registration Number, if PAC | | |
| Street Address 65 East State Street | | Employer/Occupation/Labor Organization* Attorneys | | M 0 | D 7 | Y 2 | Amount 500.00 |
| City Columbus | | State O | Zip Code H 43215 | Form(Cash,Check,etc) check | | | |
| Full Name of Contributor Barbara Poppe | | | | | Registration Number, if PAC | | |
| Street Address 340 Clinton heights Ave. | | Employer/Occupation/Labor Organization* Comm. Shelter Board | | M 1 | D 0 | Y 1 | Amount 100.00 |
| City Columbus | | State O | Zip Code H 43202 | Form(Cash,Check,etc) check | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| City | | State | Zip Code | Form(Cash,Check,etc) | | | |

* 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 \$ 600.00