

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 Ellen O Venters					Registration Number, if PAC		
Street Address 5363 Meadow Bend Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City Lewis Center		State O	H	Zip Code 43035		Form(Cash,Check,etc) check	
Full Name of Contributor Douglas L. Williams					Registration Number, if PAC		
Street Address 6929 Bonnie Brae Lane		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	200.00
City Columbus		State O	H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor Shirley A. Rogers-Reece					Registration Number, if PAC		
Street Address 7191 Keystone ranch Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	500.00
City Blacklick		State O	H	Zip Code 43004		Form(Cash,Check,etc) check	
Full Name of Contributor Barbara K. Fergus					Registration Number, if PAC		
Street Address 5586 Dundon Court		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	500.00
City Dublin		State O	H	Zip Code 43017		Form(Cash,Check,etc) check	
Full Name of Contributor Joyce B. Link					Registration Number, if PAC		
Street Address 1211 Fairacres Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City Rydal		State P	A	Zip Code 19046		Form(Cash,Check,etc) check	
Full Name of Contributor Eugene Jones					Registration Number, if PAC		
Street Address 239 Springbrook Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	125.00
City Gahanna		State O	H	Zip Code 43230		Form(Cash,Check,etc) check	
Full Name of Contributor Scott Wilson Schiff					Registration Number, if PAC		
Street Address 88 W. Main Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City Columbus		State O	H	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 \$ 1,625.00