

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 Sharlene I. Chance					Registration Number, if PAC		
Street Address 367 Thompson Street		Employer/Occupation/Labor Organization* Common Pleas Court		M 0	D 9	Y 2	Amount 75.00
City Pataskala		State O	H H	Zip Code 43062		Form(Cash,Check,etc) check	
Full Name of Contributor Scott J. Varner					Registration Number, if PAC		
Street Address 1002 Hunter Ave.		Employer/Occupation/Labor Organization* Self Employed		M 0	D 9	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43201		Form(Cash,Check,etc) check	
Full Name of Contributor Susan E. Ashbrook					Registration Number, if PAC		
Street Address 2994 Crescent Drive		Employer/Occupation/Labor Organization* 		M 0	D 9	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43204		Form(Cash,Check,etc) check	
Full Name of Contributor Cheryl Roberto					Registration Number, if PAC		
Street Address 1927 Tewksbury Road		Employer/Occupation/Labor Organization* 		M 0	D 9	Y 2	Amount 500.00
City Columbus		State O	H H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor Angela Radney					Registration Number, if PAC		
Street Address 7776 Cheriton Cir.		Employer/Occupation/Labor Organization* Col. City Attorney's Office		M 0	D 9	Y 2	Amount 75.00
City Columbus		State O	H H	Zip Code 43235		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 	H 	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 	H 	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 \$ **850.00**