

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 S. Michael Miller					Registration Number, if PAC		
Street Address 4722 Shire Ridge W.		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Hilliard		State O	Zip Code 43026	Form(Cash,Check,etc) check			
Full Name of Contributor Richard W. Schuermann, Jr.					Registration Number, if PAC		
Street Address 3260 Kioka Ave.		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 200.00
City Upper Arlington		State O	Zip Code 43221	Form(Cash,Check,etc) check			
Full Name of Contributor Robert G. Shuler					Registration Number, if PAC		
Street Address 65 East State Street, Suite 1800		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) cash			
Full Name of Contributor Robert P. Sugarman					Registration Number, if PAC		
Street Address 6025 Cranberry Court		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 250.00
City Columbus		State O	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Timothy T. Tullis					Registration Number, if PAC		
Street Address 8234 Timber Mist Court		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Dublin		State O	Zip Code 43017	Form(Cash,Check,etc) check			
Full Name of Contributor Stephanie P. Union					Registration Number, if PAC		
Street Address 549 Poe Ave.		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Worthington		State O	Zip Code 43085	Form(Cash,Check,etc) check			
Full Name of Contributor Micahel E. Zatezalo					Registration Number, if PAC		
Street Address 1176 harrison Pond drive		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City New Albany		State O	Zip Code 43054	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 \$ 950.00