

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 Zeiger, Tigges & little, LLP						Registration Number, if PAC	
Street Address 41 South High Street, Suite 3500		Employer/Occupation/Labor Organization* Attorneys		M 0	D 9	Y 2	Amount 500.00
City Columbus		State O	H H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Maryln B. Gall						Registration Number, if PAC	
Street Address 825 Old Woods Road		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 500.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor Sean M/ Culley						Registration Number, if PAC	
Street Address 5331 Nectar Lane		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor Eric W. Johnson						Registration Number, if PAC	
Street Address 831 Qusil Haven Ct. Apt. G		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 25.00
City Columbus		State O	H H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor Donald W. Kelley						Registration Number, if PAC	
Street Address 878 Fairway Boulevard		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100.00
City Columbus		State O	H H	Zip Code 43213		Form(Cash,Check,etc) check	
Full Name of Contributor Kathleen C. Rayder						Registration Number, if PAC	
Street Address 6700 Skyline Drive W.		Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100.00
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

1,275.00

Total expenditures this event

Page Total \$ 1,275.00