Event Date	10/18/07
Page	45

## Statement of Contributions Received at a Social or Fundraising Event

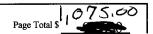
	Prescribed by Se	cretary of State 3/05		
Name of Committee in Full				
Committee For Judge Patsy A. Thon	nas			
Full Name of Contributor			Registration Number, if PAC	
Michael Scoliere				
Street Address	Employer/Occupation/Labor Organization*		M D Y	
4603 Gwynedd Court		T=:	1 0 2 4 0	7 500.00
City	State	Zip Code	Form(Cash,Check,etc)	
Dublin	O H	43016	check	SDA C
Full Name of Contributor			Registration Number, i	PAC
Cox & Stein Co., LPA	Tr. 1 /0		14   5   17	
Street Address	Employer/Occupation/Labor Organization*		M D Y	
115 W. Main Street Suite, 400	attorneys		1 0 2 4 0	/ /5.00
Columbia	State H	Zip Code 43215	Form(Cash,Check,etc)  check	
Columbus Full Name of Contributor	10 11	43213	Registration Number, i	FDAC
			Registration Number, I	ITAC
Georgeann G. Peters Street Address	Employer/Occup	entian / ohor Organization*	M D Y	Amount
	Employer/Occupation/Labor Organization*		$\begin{bmatrix} 1 & 0 & 2 & 4 & 0 \end{bmatrix}$	4
1849 Chateaugay City	State	Zip Code	Form(Cash,Check,etc)	7 100:00
Blacklick	O H	43004	check	
Full Name of Contributor	10 11	40001	Registration Number, i	fPAC
Megan Gilligan			Transfer of the second	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
1420 Castleton Road N.	Employer/Occupation/Datos/ Organization		1 0 2 4 0	
City	State	Zip Code	Form(Cash,Check,etc)	,
Columbus	$O \mid H$	43220	check	
Full Name of Contributor	1. (7.)		Registration Number, i	f PAC
Russell Goodwin				
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
			1101976	7 50,00
City	State	Zip Code	Form(Cash,Check,etc)	
•			Muck	
Full Name of Contributor			Registration Number, i	FPAC
Wishawha Gibs				
Street Address	Employer/Occup	oation/Labor Organization*	M D Y	Amount
İ			10940	7 SODO
City	State	Zip Code	Form(Cash,Check,etc)	
			CNECK	
Full Name of Contributor			Registration Number, i	f PAC
Allen L. Handlan				
Street Address	Employer/Occupation/Labor Organization*		M D Y	
			10000	7 50,00
City	State	Zip Code	Form(Cash,Check,etc)	
			Check	

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 co	ontributions this event	
4,	945,06	

Total expenditures this event



<sup>\*</sup> 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)]