

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 Michael Scoliere				Registration Number, if PAC			
Street Address 4603 Gwynedd Court		Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 500.00
City Dublin		State O	Zip Code H 43016	Form (Cash, Check, etc) check			
Full Name of Contributor Cox & Stein Co., LPA				Registration Number, if PAC			
Street Address 115 W. Main Street Suite, 400		Employer/Occupation/Labor Organization* attorneys		M 1	D 0	Y 2	Amount 75.00
City Columbus		State O	Zip Code H 43215	Form (Cash, Check, etc) check			
Full Name of Contributor Georgeann G. Peters				Registration Number, if PAC			
Street Address 1849 Chateaugay		Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 100.00
City Blacklick		State O	Zip Code H 43004	Form (Cash, Check, etc) check			
Full Name of Contributor Megan Gilligan				Registration Number, if PAC			
Street Address 1420 Castleton Road N.		Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 250.00
City Columbus		State O	Zip Code H 43220	Form (Cash, Check, etc) check			
Full Name of Contributor Russell Goodwin				Registration Number, if PAC			
Street Address 		Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 50.00
City 		State 	Zip Code 	Form (Cash, Check, etc) check			
Full Name of Contributor W. Shawna Gibbs				Registration Number, if PAC			
Street Address 		Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 50.00
City 		State 	Zip Code 	Form (Cash, Check, etc) check			
Full Name of Contributor Allen L. Handlan				Registration Number, if PAC			
Street Address 		Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 50.00
City 		State 	Zip Code 	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
4,945.06

Total expenditures this event

Page Total \$ **1,075.00**