Event Date	08/23/07
Page	20

Statement of Contributions Received at a Social or Fundraising Event

	Prescribe	d by Sec	retary of State 3/05					
Name of Committee in Full								
Committee For Judge Patsy A. Thomas	3							
Full Name of Contributor				Registration Number, if PAC				
Stephen L. McIntosh								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
799 Nob Hill Drive West	Con	nmor	n Pleas Judge	0 8	3 1	0 7		200.00
City	Sta	ate	Zip Code	Form(Ca	sh,Check	,etc)		
Gahanna	0	Н	43230		check	(
Full Name of Contributor				Registration Number, if PAC				
Herbert A. Hedden								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
2491 Lane Road	Vorys Sater Seymour & Pea			0 8	3 1	0 7		200.00
City	Sta		Zip Code	Form(Cash,Check,etc)				
Columbus		Η	43220		check	:		
Full Name of Contributor				Registra	ion Num	ber, if PA	.C	
Mary Katzenmeyer								
Street Address	Employer	r/Occupa	ntion/Labor Organization*	М	D	Y	Amount	
4143 Stargrass Court				0 8	3 1	0 7		250.00
City	Sta	ate	Zip Code		sh,Check			
Hilliard		Н	43026	`	check			
Full Name of Contributor	() 11 10020			Registration Number, if PAC				
Daniel J. Gunsett						-		
Street Address	Employe	r/Occupa	ation/Labor Organization*	M	D	Y	Amount	
847 N. Parkview Ave.	Employer cooupation Euror organization		018	3 1	017		200.00	
City	Sta	ate	Zip Code		sh,Check			
Worthington	O H 43085		`	check				
Full Name of Contributor Registration Number, if					ber, if PA	.C		
Thomas L. Long								
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
2565 Leeds Roard	Baker & Hostettler		018	3 1	$0 \mid 7 \mid$		500.00	
City	State Zip Code			sh,Check				
Columbus		H	43221		check			
Full Name of Contributor	() 11 13-21			Registration Number, if PAC				
The Limited, Inc PAC				#CP 809				
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
Three Limited Parkway	Employer decapation Englands		0 8	3 1			250.00	
City	State Zip Code			sh,Check			200.00	
Columbus	آ م ا	H	43230	,	check			
Full Name of Contributor	10 111 40200			Registration Number, if PAC				
Connor & Behal, LLP				Trog Stru	ion i vani			
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	
			- "	3 1		, anoun	200.00	
501 South High Street	Connor & Behal State Zip Code		Form/Ca	sh,Check			∠∪∪.∪∪	
Columbus	J Sta	H	43215		check			
Columbus	1 ()	ΤŢ	10410	L	CTICCL	`		

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 \$1.800.00_

^{*} 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)]