

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 Sarah J. Sarni				Registration Number, if PAC		
Street Address 138 Webster Park Ave.	Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 15.00
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) check			
Full Name of Contributor Scott J. Varner				Registration Number, if PAC		
Street Address 1002 Hunter Ave.	Employer/Occupation/Labor Organization* Self Employed		M 1	D 0	Y 2	Amount 50.00
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) check			
Full Name of Contributor Steven M. Shellabarger				Registration Number, if PAC		
Street Address 948 Neil Ave.	Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 75.00
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) check			
Full Name of Contributor Russell C. Goodwin, Jr.				Registration Number, if PAC		
Street Address 103 E. First Ave.	Employer/Occupation/Labor Organization* 		M 1	D 0	Y 2	Amount 75.00
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) check			
Full Name of Contributor Wade Rakes II				Registration Number, if PAC		
Street Address 3933 farber Court	Employer/Occupation/Labor Organization* 		M 1	D 0	Y 1	Amount 50.00
City New Albany	State O	Zip Code 43054	Form(Cash,Check,etc) check			
Full Name of Contributor 				Registration Number, if PAC		
Street Address 	Employer/Occupation/Labor Organization* 		M 	D 	Y 	Amount
City 	State 	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 	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

Total expenditures this event

Page Total \$ 265.00