

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 Rasheeda Zamani Khan					Registration Number, if PAC		
Street Address 551 South Grant Ave,		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code H 43206	Form(Cash,Check,etc) check			
Full Name of Contributor Diane Lazor					Registration Number, if PAC		
Street Address 2396 Lyncross Street		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 25.00
City Grove City		State O	Zip Code H 43123	Form(Cash,Check,etc) check			
Full Name of Contributor Jennifer L. Mackanos					Registration Number, if PAC		
Street Address 5936 Clipper Landing Drive		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code H 43228	Form(Cash,Check,etc) check			
Full Name of Contributor Robert D. Marotta					Registration Number, if PAC		
Street Address 2294 Club Road		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 250.00
City Columbus		State O	Zip Code H 43221	Form(Cash,Check,etc) check			
Full Name of Contributor David M. McCarty					Registration Number, if PAC		
Street Address 65 South Ardmore Road		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Bexley		State O	Zip Code H 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Therese A. McGuire					Registration Number, if PAC		
Street Address 98 Blenheim Road		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Columbus		State O	Zip Code H 43214	Form(Cash,Check,etc) check			
Full Name of Contributor Vinita B. Mehra					Registration Number, if PAC		
Street Address 9240 Marlebury End		Employer/Occupation/Labor Organization* Keggler Brown Hill & Ritte		M 0	D 7	Y 2	Amount 100.00
City Powell		State O	Zip Code H 43065	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

Total expenditures this event

Page Total \$ 775.00