Page (5

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Committee For Judge Patsy A. Thomas	5						
Full Name of Contributor				ation Num		C	
Laborers Int'l Union of North America	l		PA	C LA	912		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
620 Alum Creek Drive						check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O	1 43205	1 1 1	1 7	0 7	1,000.00	
Full Name of Contributor	C						
Michael Morrisey							
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
34 West Whittier Street					cash		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OLE	1	1 1 1	1 7	0 7	50.00	
Full Name of Contributor	10 -	- 10200					
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Fo					Form (Cash, Check, etc.)		
Street Address	Zanpioyen occ	aparton or gamman					
C:	State	Zip Code	М	I D	Y	Amount	
City	State	Zip Code	111			2 mount	
			Desiste	stien Mins	har if DA	<u> </u>	
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization* Form					Form (Cash, Check, etc.)		
Street Address	Employer/Occ	upation/Labor Organization				Form (Cash, Check, etc.)	
	 	12° 0.1	1 14	T D	1 1/	Amazint	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC							
					In (0.1.0)		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Num	ber, if PA	ı.C	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
	1						
Full Name of Contributor			Registr	ation Num	ber, if PA	Ċ	
					•		
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Check, etc.)	
0							
City	State	Zip Code	M	D	Y	Amount	
City	State	Zip Code	"		1		
CHALL CO. C. A. A.			Dogista	otion Num	hor if DA	<u> </u>	
Full Name of Contributor Registration Number, if PAC							
					Form (Cook Charle 44)		
treet Address Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)				
City	State	Zip Code	M	D	Y	Amount	
in I for a state of the state o	11	ndidates. If contributor is salf			4 4 1	nama af tha	

* 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)]

Page Total \$ 1,050.00