

Event Date	10/17/07
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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 Thomas Burns						Registration Number, if PAC	
Street Address 1747 Oak Street		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 75.00
City Columbus		State O	H H	Zip Code 43205		Form(Cash,Check,etc) check	
Full Name of Contributor Jerry Saunders						Registration Number, if PAC	
Street Address 2788 Floribunda Drive		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43209		Form(Cash,Check,etc) check	
Full Name of Contributor Rodney W. Whitmore						Registration Number, if PAC	
Street Address 7159 Drucilla Street NW		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 125.00
City Pickerington		State O	H H	Zip Code 43147		Form(Cash,Check,etc) check	
Full Name of Contributor Anthony M. Rankin						Registration Number, if PAC	
Street Address 1143 Summer Hill Circle		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 125.00
City Gahanna		State O	H H	Zip Code 43230		Form(Cash,Check,etc) check	
Full Name of Contributor Demetries J. Walker						Registration Number, if PAC	
Street Address 345 Farm Creek Drive		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 125.00
City Gahanna		State O	H H	Zip Code 43230		Form(Cash,Check,etc) check	
Full Name of Contributor J. Harvey						Registration Number, if PAC	
Street Address 34 W Starr Ave.		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 50.00
City Columbus		State O	H H	Zip Code 43201		Form(Cash,Check,etc) check	
Full Name of Contributor Carol A. McGuire						Registration Number, if PAC	
Street Address 293 Hopewell Drive		Employer/Occupation/Labor Organization*		M 1	D 0	Y 2	Amount 50.00
City Powell		State O	H H	Zip Code 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 \$ **600.00**