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# Ohio Campaign Finance Report

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Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

Full Name of Committee <b>Committee For Judge Patsy A. Thomas</b>							Registration Number <b>01142007</b>			
Full Name of Candidate <b>Patsy A. Thomas</b>										
Street Address <b>250 West Street, Suite 700</b>					Office Sought <b>Judge/Municipal Court</b>			District <b>Franklin</b>		
City <b>Columbus</b>					State <b>O H</b>		Zip Code <b>43215</b>			
Type of Report (place X to the left of report type)	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
	July Monthly		August Monthly		September Monthly		Termination		Semiannual	
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election:		M <b>1 1</b>	D <b>0 6</b>	Y <b>0 7</b>

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	39,859.61
2. Total monetary contributions (From Form No. 31-A)	\$	10,050.00
3. Total other income (From Form No. 31-A-2)	\$	0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	49,909.61
5. Total monetary expenditures (From Form No. 31-B)	\$	49,589.80
6. Balance on hand (line 4 minus line 5)	\$	319.81
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	0.00
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only	\$	
Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

**Aaron L. Granger**

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

**12/14/2007**

Date

Contribution  
pages 9

Expenditure  
pages 2

Other  
pages 5

Total  
pages 16

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee For Judge Patsy A. Thomas</b>							
Full Name of Contributor <b>OCSEA/AFSCME</b>					Registration Number, if PAC <b>#LA292</b>		
Street Address <b>390 Worthington Road, Ste. A</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Westerville</b>	State <b>O   H</b>	Zip Code <b>43082</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Stephen D. Warren</b>					Registration Number, if PAC		
Street Address <b>883 Troon Trl.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Worthington</b>	State <b>O   H</b>	Zip Code <b>43085</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Cynthia Lazarus</b>					Registration Number, if PAC		
Street Address <b>88 W. Beechwold Blvd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>400.00</b>	
Full Name of Contributor <b>Stuart Lazarus</b>					Registration Number, if PAC		
Street Address <b>88 W. Beechwold Blvd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43214</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Committee For Joyce Beatty</b>					Registration Number, if PAC		
Street Address <b>233 S. High Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Toki M. Clark</b>					Registration Number, if PAC		
Street Address <b>233 S. High Street</b>			Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Roxyanne C. Burrus</b>					Registration Number, if PAC		
Street Address <b>7955 Cheriton Circle</b>			Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>125.00</b>	
Full Name of Contributor <b>Michael L. Silberstein</b>					Registration Number, if PAC		
Street Address <b>1088 Fountain Lane</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>25.00</b>	

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee For Judge Patsy A. Thomas</b>							
Full Name of Contributor <b>Preston N. Stearns</b>					Registration Number, if PAC		
Street Address <b>1020 Matterhorn Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Vician C. Bitting</b>					Registration Number, if PAC		
Street Address <b>937 Karlslyle Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43228</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Gloria J. Hoover</b>					Registration Number, if PAC		
Street Address <b>3780 Maize Road</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43224</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Isom Nivins, Jr.</b>					Registration Number, if PAC		
Street Address <b>1125 Tulsa Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43229</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Cheryl A. B. Christie</b>					Registration Number, if PAC		
Street Address <b>1344 Eldorn Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43207</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Cheri Liggins</b>					Registration Number, if PAC		
Street Address <b>3443 Medway Ave.</b>		Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Dr. Canise Y. Bean</b>					Registration Number, if PAC		
Street Address <b>1734 Franklin Ave.</b>		Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Pamela J. Garrett</b>					Registration Number, if PAC		
Street Address <b>218 Dellfield Ln.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>25.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee For Judge Patsy A. Thomas</b>							
Full Name of Contributor <b>Jo Ann St. Clair</b>					Registration Number, if PAC		
Street Address <b>209 Olentangy Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43202</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>40.00</b>	
Full Name of Contributor <b>Lark T. Mallory</b>					Registration Number, if PAC		
Street Address <b>8108 Slate Ridge Blvd.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Reynoldsburg</b>	State <b>O   H</b>	Zip Code <b>43068</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Lynne D. La Con</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>money order</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Joseph D. Reed</b>					Registration Number, if PAC		
Street Address <b>713 South Front Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>75.00</b>	
Full Name of Contributor <b>IBEW-COPE</b>					Registration Number, if PAC		
Street Address <b>900 Seventh Street, N.W.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Washington</b>	State <b>D   C</b>	Zip Code <b>20001</b>	M <b>1   0</b>	D <b>2   7</b>	Y <b>0   7</b>	Amount <b>2,000.00</b>	
Full Name of Contributor <b>Stephen L. McIntosh</b>					Registration Number, if PAC		
Street Address <b>799 Nob Hill Drive W.</b>		Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Gahanna</b>	State <b>O   H</b>	Zip Code <b>43230</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>UFCW Local 1059</b>					Registration Number, if PAC <b>#LA437</b>		
Street Address <b>4150 E. Main Street</b>		Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>500.00</b>	
Full Name of Contributor <b>Theresa E. Potter</b>					Registration Number, if PAC		
Street Address <b>134 N. Schultz Ave.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43222</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>250.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee For Judge Patsy A. Thomas</b>							
Full Name of Contributor <b>Ronald J. Koltak</b>					Registration Number, if PAC		
Street Address <b>1963 N. Devon Road</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Upper Arlington</b>	State <b>O   H</b>	Zip Code <b>43212</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Linda D. Walton</b>					Registration Number, if PAC		
Street Address <b>7948 Seward Park Ave.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Seattle</b>	State <b>W   A</b>	Zip Code <b>98118</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Renny J. Tyson</b>					Registration Number, if PAC		
Street Address <b>268 S. Harding Road</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Jamie L. Thomas</b>					Registration Number, if PAC		
Street Address <b>222 Parklawn Blvd.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>10.00</b>	
Full Name of Contributor <b>Friends of Heard</b>					Registration Number, if PAC		
Street Address <b>2603 Burnbary Drive</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Kecia Lay</b>					Registration Number, if PAC		
Street Address <b>1312 Shady Ln.</b>			Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43227</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Jan M. Gorniak</b>					Registration Number, if PAC		
Street Address <b>7374 Claddaugh Lane</b>			Employer/Occupation/Labor Organization* <b>0</b>			Form (Cash, Check, etc.) <b>check</b>	
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43016</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Terri Y. Street</b>					Registration Number, if PAC		
Street Address <b>187 N. Garfield Ave.</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>	
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43203</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>125.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Committee For Judge Patsy A. Thomas</b>							
Full Name of Contributor <b>Laborers Int'l Union of North America</b>					Registration Number, if PAC <b>PAC LA 912</b>		
Street Address <b>620 Alum Creek Drive</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>1,000.00</b>	
Full Name of Contributor <b>Michael Morrissey</b>					Registration Number, if PAC		
Street Address <b>34 West Whittier Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>cash</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	M <b>1   1</b>	D <b>1   7</b>	Y <b>0   7</b>	Amount <b>50.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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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 <b>Committee For Judge Patsy A. Thomas</b>									
Full Name of Contributor <b>Michael Morrissey</b>				Registration Number, if PAC					
Street Address <b>34 W. Whittier Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
				1	1	1	100.00		
City <b>Columbus</b>		State <b>O</b>	H	Zip Code <b>43206</b>		Form(Cash,Check,etc) <b>cash</b>			
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)			
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)			
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)			

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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 \$	<u>100.00</u>
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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 <b>Committee For Judge Patsy A. Thomas</b>							
Full Name of Contributor <b>Thomas Burns</b>				Registration Number, if PAC			
Street Address <b>1747 Oak Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	75.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43205</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Jerry Saunders</b>				Registration Number, if PAC			
Street Address <b>2788 Floribunda Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Rodney W. Whitmore</b>				Registration Number, if PAC			
Street Address <b>7159 Drucilla Street NW</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	125.00
City <b>Pickerington</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43147</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Anthony M. Rankin</b>				Registration Number, if PAC			
Street Address <b>1143 Summer Hill Circle</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	125.00
City <b>Gahanna</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Demetries J. Walker</b>				Registration Number, if PAC			
Street Address <b>345 Farm Creek Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	125.00
City <b>Gahanna</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>J. Harvey</b>				Registration Number, if PAC			
Street Address <b>34 W Starr Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City <b>Columbus</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43201</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Carol A. McGuire</b>				Registration Number, if PAC			
Street Address <b>293 Hopewell Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	50.00
City <b>Powell</b>		State <b>O</b>   <b>H</b>	Zip Code <b>43065</b>	Form(Cash,Check,etc) <b>check</b>			

\* 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

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full					
<b>Committee For Judge Patsy A. Thomas</b>					
Full Name of Contributor				Registration Number, if PAC	
Ellen O Venters					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5363 Meadow Bend Drive			1	0	2
City	State	Zip Code			Amount
Lewis Center	O   H	43035			100.00
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Douglas L. Williams					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
6929 Bonnie Brae Lane			1	0	2
City	State	Zip Code			Amount
Columbus	O   H	43235			200.00
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Shirley A. Rogers-Reece					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
7191 Keystone ranch Court			1	0	2
City	State	Zip Code			Amount
Blacklick	O   H	43004			500.00
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Barbara K. Fergus					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
5586 Dundon Court			1	0	2
City	State	Zip Code			Amount
Dublin	O   H	43017			500.00
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Joyce B. Link					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
1211 Fairacres Road			1	0	2
City	State	Zip Code			Amount
Rydal	P   A	19046			100.00
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Eugene Jones					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
239 Springbrook Drive			1	0	2
City	State	Zip Code			Amount
Gahanna	O   H	43230			125.00
Form(Cash,Check,etc)					
check					
Full Name of Contributor				Registration Number, if PAC	
Scott Wilson Schiff					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
88 W. Main Street			1	0	2
City	State	Zip Code			Amount
Columbus	O   H	43215			100.00
Form(Cash,Check,etc)					
check					

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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 \$	<u>1,625.00</u>
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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 <b>Committee For Judge Patsy A. Thomas</b>							
Full Name of Contributor <b>Maria J. Armstrong</b>				Registration Number, if PAC			
Street Address <b>872 Pipestone Drive</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	7
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>check</b>		<b>50.00</b>	
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				

\* 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 \$	<b>50.00</b>
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# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee for Judge Patsy A. Thomas</b>												
To Whom Paid <b>Fifth Third Bank</b>						M	D	Y	Amount			
						1	0	1	4	0	7	12.50
Address <b>38 fountain Square Plaza</b>			Purpose <b>Service Charge</b>									
City <b>Cincinnati</b>			State <input type="radio"/> O <input type="radio"/> H		Zip Code <b>45263</b>		Check Number <b>N/A</b>					
To Whom Paid <b>Fifth Third Bank</b>						M	D	Y	Amount			
						1	0	1	7	0	7	44.45
Address <b>38 fountain Square Plaza</b>			Purpose <b>Bank checks</b>									
City <b>Cincinnati</b>			State <input type="radio"/> O <input type="radio"/> H		Zip Code <b>45263</b>		Check Number <b>N/A</b>					
To Whom Paid <b>Ohio Media Strategies</b>						M	D	Y	Amount			
						1	0	2	9	0	7	38,033.73
Address <b>1480 Dublin Road</b>			Purpose <b>TV Ad</b>									
City <b>Columbus</b>			State <input type="radio"/> O <input type="radio"/> H		Zip Code <b>43215</b>		Check Number <b>103</b>					
To Whom Paid <b>Columbus Radio Group</b>						M	D	Y	Amount			
						1	1	0	2	0	7	1,113.00
Address <b>4401 Carriage Hill Lane</b>			Purpose <b>Radio Ad</b>									
City <b>Columbus</b>			State <input type="radio"/> O <input type="radio"/> H		Zip Code <b>43220</b>		Check Number <b>104</b>					
To Whom Paid <b>Radio One</b>						M	D	Y	Amount			
						1	1	0	2	0	7	1,010.00
Address <b>350 E. First Ave.</b>			Purpose <b>Radio Ad</b>									
City <b>Columbus</b>			State <input type="radio"/> O <input type="radio"/> H		Zip Code <b>43201</b>		Check Number <b>105</b>					
To Whom Paid <b>Fifth Third Bank</b>						M	D	Y	Amount			
						1	1	1	4	0	7	41.00
Address <b>38 fountain Square Plaza</b>			Purpose <b>Service Charge</b>									
City <b>Cincinnati</b>			State <input type="radio"/> O <input type="radio"/> H		Zip Code <b>45263</b>		Check Number <b>N/A</b>					
To Whom Paid <b>Kevin Kerns</b>						M	D	Y	Amount			
						1	1	1	7	0	7	760.12
Address <b>65 East State Street</b>			Purpose <b>Reimbursement for payment of Tony's invoice</b>									
City <b>Columbus</b>			State <input type="radio"/> O <input type="radio"/> H		Zip Code <b>43215</b>		Check Number <b>106</b>					
To Whom Paid <b>Brainstorm Media</b>						M	D	Y	Amount			
						1	1	1	7	0	7	540.00
Address <b>1020 Goodale Blvd.</b>			Purpose <b>Audio production for radio ad</b>									
City <b>Columbus</b>			State <input type="radio"/> O <input type="radio"/> H		Zip Code <b>43212</b>		Check Number <b>107</b>					

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full									
Committee for Judge Patsy A. Thomas									
To Whom Paid						M	D	Y	Amount
Brainstorm Media						1	1	0	2,997.50
Address		Purpose							
1020 Goodale Blvd.		Video Production for TV Ad							
City	State	Zip Code	Check Number						
Columbus	O   H	43212	108						
To Whom Paid						M	D	Y	Amount
Frederick Ransier, III						1	1	0	974.23
Address		Purpose							
1081 E. Long Street		Reimbursement for payment of Capital Club invoice #403							
City	State	Zip Code	Check Number						
Columbus	O   H	43215	109						
To Whom Paid						M	D	Y	Amount
Greg Schultz						1	1	0	1,571.10
Address		Purpose							
672 1/2 N. High Street, Apt. 5		Reimbursement for postage, office supplies, envelopes							
City	State	Zip Code	Check Number						
Columbus	O   H	43215	110						
To Whom Paid						M	D	Y	Amount
Patricia Logsdon						1	1	0	193.05
Address		Purpose							
404 S. Chesterfield Road		Reimbursement for postage, office supplies, envelopes							
City	State	Zip Code	Check Number						
Columbus	O   H	43209	111						
To Whom Paid						M	D	Y	Amount
Roger Sugarman						1	1	0	385.32
Address		Purpose							
6025 Cranberry Court		Reimbursement for food							
City	State	Zip Code	Check Number						
Columbus	O   H	43213	112						
To Whom Paid						M	D	Y	Amount
SEIU Phone, LLC						1	2	0	1,913.80
Address		Purpose							
1395 Dublin Road		Campaign phone calls							
City	State	Zip Code	Check Number						
Columbus	O   H	43215	113						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State	Zip Code	Check Number						