## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Committee For Judge Patsy A. Thomas Full Name of Contributor					N	-L :CDA	C	
				Regisii	anon mun	ber, if PA	iC .	
Patsy A. Thomas Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ok etc.)
							, ,	ck, eic.)
5689 Plum Orchard		Municipal Court Judge State Zip Code			l D	Y	check Amount	
Columbus	0"	H H	43213	$\begin{bmatrix} M \\ 0 \end{bmatrix} 7$	1 .	1 .	Alloun	500.00
Full Name of Contributor			10210			ber, if PA	.C	000.00
Cynthia N. Callender				2.00		,		
Street Address	Employe				Form (Cash, Che	ck, etc.)		
1556 Garrywood Ave.	1	State Auditor's Office					check	, ,
City		State Zip Code			M D Y Amount			
Columbus	0	H	43227	0 8	3 1	0 7		30.00
Full Name of Contributor		Registration Number, if PAC						
Jamie L. Thomas				1				
Street Address	Employe	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)
222 Parklawn Blvd. Apt. B							check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43213	0 8	3 1	0 7		10.00
Full Name of Contributor	•			Registra	ation Nun	iber, if PA	.C	
Jonda E. Thomas							_	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
1602 Omar Drive				check			check	
City	St	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43207	0 8		0 7		20.00
Full Name of Contributor				Registra	ation Nun	iber, if PA	C	
Lucille Morris								
Street Address	Employe		Form (Cash, Check			ck, etc.)		
4981 Botsford Drive			1-1	· • · · · · · · · · · · · · · · · · · ·			check	
City	ا ۔	ate	Zip Code	M	D	Y	Amount	20.00
Columbus	O	Н	43232		3 1			20.00
Full Name of Contributor				Registra	ation Nun	ber, if PA	.C	
George H. Hannah Street Address	Employer/Occupation/Labor Organization*						E (Cb- Cb	al4 \
	Етрюує				Form (Cash, Chee check	ck, etc.)		
2460 Liston Ave.		ate	Zip Code	М	D	ΙΥ	Amount	
Columbus	o	H H	43207			0 7		40.00
Full Name of Contributor			43207			ber, if PA		40.00
Charlesetta T. Dennington				Rogistie	11011 11411	1001, 11 1 1 1	.0	
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
2616 Stacie Lane							check	, ,
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43224	0 8	i .	0 7		40.00
Full Name of Contributor						ber, if PA	C	
Clara M. Thomas								
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			ck, etc.)
1220 Geers Ave.	· · · · · · · · · · · · · · · · ·			cł			check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43206	0 8	3 1	0 7		30.00
. 10	, , ,		1				0.1	

Page Total \$ 690.00

<sup>\*</sup> 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)]