

## 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>Louanne Conrad</b>					Registration Number, if PAC		
Street Address <b>3806 Schooner Court</b>		Employer/Occupation/Labor Organization* <b>Keggler Brown Hill &amp; Ritte</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H 43221</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Lawrence F. Feheley</b>					Registration Number, if PAC		
Street Address <b>843 Old Woods Road</b>		Employer/Occupation/Labor Organization* <b>Keggler Brown Hill &amp; Ritte</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>West Worthington</b>		State <b>O</b>	Zip Code <b>H 43235</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Allen L. Handlan</b>					Registration Number, if PAC		
Street Address <b>2354 Kensington Drive</b>		Employer/Occupation/Labor Organization* <b>Keggler Brown Hill &amp; Ritte</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H 43221</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Kathryn L. Connor</b>					Registration Number, if PAC		
Street Address <b>815 N. High Street, Apt. 26</b>		Employer/Occupation/Labor Organization* <b>Keggler Brown Hill &amp; Ritte</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H 43215</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Thomas W. Hill</b>					Registration Number, if PAC		
Street Address <b>7 Wiveliscombe</b>		Employer/Occupation/Labor Organization* <b>Keggler Brown Hill &amp; Ritte</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>200.00</b>
City <b>New Albany</b>		State <b>O</b>	Zip Code <b>H 43054</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>Charles J. Keggler</b>					Registration Number, if PAC		
Street Address <b>65 E, State Street, Suite 1800</b>		Employer/Occupation/Labor Organization* <b>Keggler Brown Hill &amp; Ritte</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>100.00</b>
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H 43215</b>	Form(Cash,Check,etc) <b>check</b>			
Full Name of Contributor <b>R. Kevin Kerns</b>					Registration Number, if PAC		
Street Address <b>1902 Lake Shore Drive</b>		Employer/Occupation/Labor Organization* <b>Keggler Brown Hill &amp; Ritte</b>		M <b>0</b>	D <b>7</b>	Y <b>2</b>	Amount <b>350.00</b>
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>H 43204</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 \$ 1,050.00