### **Ohio Campaign Finance Report**

		Prescr	ibed by Secreta	ry of Stat	e 3/05						
Full Name of Committee							Registra	tion Num	ber, if PA	.C	
Friends of Nola Full Name of Candidate	an Thomas										
Nolan Thomas											
Street Address					Office Sought				District		
2724 Delmonte A	Ave.				Ketteri	ng Cit	y Cou	ncil	W <sub>a</sub>	rd 1	
City							State	Zip Cod	e		
Kettering			<u>.</u>		T	0	Н	454	19	Annual Ye	
Type of Report	Pre-Primary	Post-P	rimary	X	Pre-General		Post-Ge	neral		Ailliuai Te	ar
(place X to the left of report	July	Augus		<del>}</del>	September	+	1		┢╾	Semiannua	ıl
type)	Monthly	Month	nly		Monthly		Termina	tion			
Amended Report?	Report No	Electronically filed?	NI -				M		D	Y	_
Yes _∠	] NO	☐ Yes   ✓ r	NO	Date of	Election	1	1	0	8	1	1
	1. Amount brought forwa 2. Total monetary contrib 3. Total other income (Fr. 4. Total funds available (s. 5. Total monetary expend 6. Balance on hand (line c. 7. Value of in-kind contri 8. Value of in-kind contri 9. Outstanding loans owe	om Form No. 31-A-2) sum of lines 1, 2, 3) litures (From Form No. 4 minus line 5) butions received (From butions made (From Fo	31-B) Form No. 31-J orm No. 31-J-2)		\$ \$ \$ \$ \$		7,53 3,24 4,28 95	0.24	2011 OCT 27 PM 3: 41	RECEIVED	
	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				
	Sum of lines 2, 7 and amo	-	eceived this per	riod	<b> \$</b>						
THE INFORMATION CONT.  COMMITS ELECTION FAI.  Matthew R. Cox.  Print Name and Title (Treasurer	SIFICATION IS GUILT , Treasurer and Deputy Treasurer onl	y) Si		I DEGRI	E R.	SIFICATION	ON. WHO		10/2	27/11 Date	
Contribution pages 8	l i	expenditure pages 2			Other pages 1	4		To pag		24	

31-	A		
R.C.	351	7.	ło

Name of Committee in Full						
Friends of Nolan Thomas						
Full Name of Contributor			Registra	ition Num	iber, if PA	iC .
Susan Thomas	<u> </u>					I
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
4455 Wehner Rd.						Check
City	State	Zip Code	M	D	Y	Amount
Kettering	O H	45429	0_7	1 1	1 1	250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	ı.C
Nolan Thomas						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
2724 Delmonte Ave.						Bank Transfer
City	State	Zip Code	М	D	Y	Amount
Kettering	ОН	45419	0 7	1 8	1 1	25.00
Full Name of Contributor					ber, if PA	
John Cumming			ı			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash. Check, etc.)
307 Southbrook Drive		-				Check
City	State	Zip Code	М	D	Y	Amount
Dayton	ОН	45459	0.8	1	1 1	100.00
Full Name of Contributor		10107			ber, if PA	
Robert Guehl						
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
2230 S. Patterson, Unit 11	Zimpioye. Geeap	ation Europi Organization				Check
City	State	Zip Code	М	D	Y	Amount
•	1	45409			, ' ,	25.00
Dayton Full Name of Contributor	О Н	43409	0 8		ber, if PA	
			Registia	tion Num	iber, ii ra	i.C
Dick Ward	In i 20	- 11 0 - 1			_	Francisco I Challan
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
6449 Oakhurst Place		Ter o i	1 34		1 17	Check
City	State	Zip Code	M	D	1 1	Amount
Dayton	OH	45414	0 8		1 1	50.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Matt Joseph						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1338 Ashland Ave.		_			,	Electronic
City	State	Zip Code	М	Ð	Y	Amount
<u>Dayton</u>	O H	45420	0 8		1 1	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
James McCarthy						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
4813 Shiloh View Dr.						Check
City	State	Zip Code	M	D	Y	Amount
Dayton	ОН	45415	0_8	1 8	1 1	100.00
Full Name of Contributor					ber, if PA	C
Elaine Zimmers-Johnson						
Street Address	Employer/Occup	ation Labor Organization*				Form (Cash, Check, etc.)
291 E. Stoneguarry Rd.					į	Check
City	State	Zip Code	M	D	Y	Amount
Vandalia	ОН	45377	0.8	1 8	1 1	25.00
<u> </u>						

Page	Total	S	675.00

<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)]

31-	Α		
R.C.	351	7.	10

Name of Committee in Full							
Friends of Nolan Thomas						_	
Full Name of Contributor			Registra	ition Num	ber, if PA	vC.	
Judy Dodge							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	:k, etc.)
397 Farrell Rd.				· · · · · · · · · · · · · · · · · · ·		Check	
City	State	Zip Code	М	D	Y	Amount	
Vandalia	ОН	45377	0 8			L	25.00
Full Name of Contributor			Registra	ition Num	ber, if PA	vC.	
Fredrick Schindler							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	:k, etc.)
5324 Oakbrooke Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Kettering	O H	45440		1 9		<u>L</u>	25.00
Full Name of Contributor			Registra	ition Num	ber, if PA	vC.	
Helen Shepperd							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k. etc.)
4745 Wicklow						Check	
City	State	Zip Code	М	D	Y	Amount	
Middletown	ОН	45042	0.8	1 9	1 1		25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	vC	
Lisa Browning			1				
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
2560 Miami Village Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Miamisburg	ОН	45342	0 8	2 0	1 1		25.00
Full Name of Contributor					ber, if PA	ıC	
James Levinson			1				
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)
5724 Heather Hollow Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Dayton	ОН	45415	0 8	2 0	11 1		25.00
Full Name of Contributor					ber, if PA	ıC	
Rhine McLin			1				
Street Address	Employer/Occup	ation Labor Organization*				Form (Cash, Chec	k, etc.)
23 N. Paul L Dunbar St.						Check	
City	State	Zip Code	М	D	Y	Amount	
Dayton	ОН	45402	0 8	2 0	1 1		50.00
Full Name of Contributor					ber, if PA	C	
William Sadler			1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	ck. etc.)
3101 Longmeadow Dr.		_				Check	
City	State	Zip Code	М	D	Y	Amount	
Trenton	M	48183	0 8	2 0	1 1		25.00
Full Name of Contributor	141	10100			ber, if PA	·C	20.00
Matti Seege			ا آ				
Street Address	Employer Occur	ation/Labor Organization*				Form (Cash, Chec	ck, etc.)
1460 Newton Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	
Dayton	ОН	45406	0 8	1		l	25.00
Dayton		1 40400	O	L	1 1		20.00

Page Total \$	225.00

<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)]

Page	3	

Name of Committee in Full							
Friends of Nolan Thomas			In .		i co		
Full Name of Contributor			Registra	ation Num	ber, if PA	.C	
Walter Ruf							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
20 Napoleon Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Kettering	O H	45429	0 8	2 1	1 1		50.00
Full Name of Contributor		**	Registra	ation Num	ber, if PA	.C	
William Loy							
Street Address	Employer/Occup	ation/Labor Organization*		_		Form (Cash, Che	eck, etc.)
241 Topton Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Vandalia	ОН	45377	0 8	2 2	1 1		25.00
Full Name of Contributor			Registra	ation Num	ber, if PA	.C	, , , , ,
Mark Owens			1				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
3927 Saddle Ridge Cir.						Check	
City	State	Zip Code	M	D	Y	Amount	
Dayton	ОН	45424	0 8	2 2	1 1		100.00
Full Name of Contributor					ber, if PA	C	
Jeff Patzer			•				
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
3809 Hillmont Ave.						Check	
City	State	Zip Code	M	D	Y	Amount	
Dayton	ОН	45414	0 8	2 3	1 1		50.00
Full Name of Contributor		10111			ber, if PA	С	-
Ryan Wood							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
1822 Shroyer Rd. Apt. A		Ų.				Check	
City	State	Zip Code	M	D	Y	Amount	
Dayton	ОН	45419	0 8	1	1 1		100.00
Full Name of Contributor		10112			ber, if PA	.C	100.00
Anna Fernandez							
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Cho	eck, etc.)
1417 Watervliet Ave.		· ·				Check	
City	State	Zip Code	M	D	Y	Amount	
Dayton	ОН	45420	0 8	2 5	1 1		25.00
Full Name of Contributor		10120			ber, if PA	C	20.00
Russ Joseph			1				
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
443 E. 6th St.	,,					Check	
City	State	Zip Code	M	D	Y	Amount	
Dayton	ОН	45402	0 8	1	1 1		50.00
Full Name of Contributor		10102			ber, if PA	C	50.00
Karl Keith			gisua				
Street Address	Employer/Occurs	ation/Labor Organization*			_	Form (Cash, Che	eck etc.)
221 Watervliet Ave.	Employer Occupa	Alon Labor Organization				Check	,,
City	State	Zip Code	M	D	Y	Amount	
1		45420		i	1 1	Mount	100.00
Dayton	O_H	1 43420	0 8	2 5	111		100.00

Page Total \$	500.00

<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)]

Page 4
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Name of Committee in Full							
Friends of Nolan Thomas							
Full Name of Contributor			Registr	ation Num	ber if PA	C	
Joesph Lacey			1			•	
Street Address	Employer/Occupa	ition/Labor Organization*				Form (Cash, Cl	neck_etc.)
161 Huffman Ave.	Z.mp.ioyer occupa	Con Custor Organization				Check	
City	State	Zip Code	М	D	Y	Amount	
Dayton	ОН	45403	0 8	1	1		50.00
Full Name of Contributor		45105		ation Num		C	50.00
Paul Robinson							
Street Address	Employer Occupa	tion/Labor Organization*				Form (Cash, Ch	neck, etc.)
1647 Rockleigh Rd.	,,,-					Check	
City	State	Zip Code	М	T D	ΙΥ	Amount	
Centerville	ОН	48458	0 8	$ _{2}$ 5	1 1		100.00
Full Name of Contributor		10 100		ation Num		C	100.00
Victoria Watson			1				
Street Address	Employer Occupa	tion/Labor Organization*				Form (Cash, Ch	ieck, etc.)
238 Beverly Pl.						Check	
City	State	Zip Code	М	D	Y	Amount	
Dayton	ОН	45419	0 8	2 5	1 1		50.00
Full Name of Contributor				ation Num		C	
Daniel Brandt							
Street Address	Employer/Occupa	tion/Labor Organization*	-			Form (Cash, Ch	neck, etc.)
2373 Appleblossom Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Miamisburg	ОН	45342	0 8	2 6	1 1	İ	50.00
Full Name of Contributor				ation Num	ıber. if PA	C	
John Murphy							
Street Address	Employer Occupa	tion/Labor Organization*				Form (Cash, Ch	eck, etc.)
3826 Cordell Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Kettering	ОН	45439	0 8	2 7	1 1		25.00
Full Name of Contributor			Registr	ation Num	ber, if PA	ıc	
Sam Braun							
Street Address	Employer Occupa	tion/Labor Organization*				Form (Cash, Ch	eck. etc.)
217 Wroe Ave.						Check	
City	State	Zip Code	M	D	Y	Amount	
Dayton	I O H	45406	0.8		1 1	<u> </u>	100.00
Full Name of Contributor			Registr	ation Num	ber, if PA	,C	
Barbara Szutkowski							
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Ch	neck, etc.)
237 Burtman Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	<b>5</b> 5 00
Troy	M _ I	48083	0 8			<u> </u>	<i>75.00</i>
Full Name of Contributor			Registr	ation Num	iber, if PA	C.	
Kris Jackson			L			F (O1- C)	-1: -4: )
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Ch	ieck, etc.)
127 E. Hillcrest		7: 6	- 1 1/	T D	1 7	Cash	<del></del>
City	State	Zip Code	M	D	$\begin{bmatrix} Y \\ 1 \end{bmatrix}$	Amount	20.00
Dayton	OH	45405	0 8	2 9	1 1	L	20.00

Page Tota	al S	470.00
	_	

<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)]

Page 5
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	<del></del>	Registra	tion Num	ber if PA	<u> </u>
		Registre	inon i vani	001, 11 1 1	
nlover/Occurs	ation/Labor Organization*				Form (Cash, Check, etc.)
proyer occup	MOD Eaco. Organization				Check
Stata	Zin Codo	Тм	I D	TV	Amount
	1 -	1	1	1	1
) 11	45420				
		Registra	ition Num	ber, II PA	
				_	
ployer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
		<del></del>			Check
	·		1	ı	Amount
Э н	45458			1 1	100.00
		Registra	ition Num	ber, if PA	AC .
ployer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
					Check
State	Zip Code	M	D	Y	Amount
D H	45429	0.9	0 3	1 1	50.00
		Registra	tion Num	ber, if PA	C
ployer/Occupa	tion/Labor Organization*		-		Form (Cash, Check, etc.)
					Check
State	Zip Code	М	D	Y	Amount
	I -	ln 9	10 4	1 1	100.00
	10100	_		ber, if PA	
		1			
nlover/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
pio) -  o coupe					Check
State	Zin Code	Тм	l D	ΙΥ	Amount
	I -		1	1	100.00
J 11	1 43420			1 1	
		, registir	idon i uni	001, 11 1 1 1	.0
nlover/Occure	ation/Labor Organization*				Form (Cash, Check, etc.)
proyer (recupa	HION Eabor Organization				Check
State	Zin Code	Т м	I D	Ιv	Amount
	I -			1	1
<u></u>	45402			1 1	50.00
		Registra	mon Num	ber. 11 PA	iC .
					D (0.1.0)
ployer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
					Electronic
	I -		1	Į.	Amount
Э н	45415				25.00
		Registra	tion Num	ber, if PA	.C
ployer/Occupa	ntion/Labor Organization*				Form (Cash, Check, etc.)
					Electronic
State	Zip Code	M	D	Y	Amount
Э Н	45419	0 9	0 5	1 1	100.00
	State  D H  ployer/Occupa  State D H  ployer/Occupa  State D H  ployer/Occupa  State D H  ployer/Occupa  State D H  ployer/Occupa  State D H  ployer/Occupa  State D H  ployer/Occupa  State D H  ployer/Occupa  State D H	ployer/Occupation/Labor Organization*  State Zip Code 45458  ployer/Occupation/Labor Organization*  State Zip Code 45429  ployer/Occupation/Labor Organization*  State Zip Code 45458  Ployer/Occupation/Labor Organization*  State Zip Code 45458  Ployer/Occupation/Labor Organization*  State Zip Code 45420  ployer/Occupation/Labor Organization*  State Zip Code 45402  ployer/Occupation/Labor Organization*  State Zip Code 45402  Ployer/Occupation/Labor Organization*  State Zip Code 45415  Ployer/Occupation/Labor Organization*  State Zip Code 45415	ployer/Occupation/Labor Organization*  State Zip Code M 45420	State	State

Page Total \$	575.00

<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)]

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R.	.C.	35	1	7.	1	0

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Name of Committee in Full							
Friends of Nolan Thomas Full Name of Contributor			In :		c.p.		
			Registra	ation Num	iber, ii PA	ic.	
Scott Murphy Street Address	IF1					Farm (Carlo Cha	1 \
T .	Employer Occi	ipation/Labor Organization*				Form (Cash, Che	
44 Triangle Ave.		Zip Code	Т. и	T n	T v	Electron	11C
	State O H	1 '	M	D	Y	Amount	100.00
Dayton Full Name of Contributor	10 11	43419	0 9	0 6 ation Nurr			100.00
			Registra	ation (vui)	ioci, ii r A	ic.	
Kery Gray Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Che	eck etc.)
3243 Ridge Ave.	isinployer occu	pation Egoor Organization				Check	,ca, c(c.)
City	State	Zip Code	М	D	Y	Amount	
i ·	OH	1 '	0 9	1	1 1	, tinount	25.00
Dayton Full Name of Contributor	10 11	43414		ation Nurr		C	25.00
Citizens for Blackshear				_	ioci, ii i 7		
Street Address	Employer Occu	pation/Labor Organization*	Lo	Cai		Form (Cash, Che	eck etc.)
736 Argonne Dr.	Employer Geed	pation Labor Organization				Check	.ca, c(c.)
City	State	Zip Code	М	D	Y	Amount	
Dayton	OH	I -	0 9		1 1	, unoun	100.00
Full Name of Contributor	10 11	1 40417		ation Num			100.00
Mark Cunningham			i togiotit	account to the control of the contro			
Street Address	Employer Occu	pation/Labor Organization*	Ь			Form (Cash, Che	eck, etc.)
6605 Sturgis Ct.	Employer see	paden 2deor Organization				Check	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City	State	Zip Code	М	D	Y	Amount	
Dayton	ОН	l l	0 9		1 1		50.00
Full Name of Contributor		10121		ation Num	ber, if PA	.C	00.00
Doug Dempsey							
Street Address	Employer Occu	pation Labor Organization*				Form (Cash, Che	eck, etc.)
24 N. Westview Ave.						Check	
City	State	Zip Code	M	D	Ŷ	Amount	
Dayton	OH	45403	0 9	0 8	11 1		25.00
Full Name of Contributor				ition Num		.C	
Greg Flannagan			1				
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
337 Farrell Rd.	ł					Check	
City	State	Zip Code	М	D	Y	Amount	
Vandalia	ОН	45377	0 9	0 9	1 1		25.00
Full Name of Contributor			Registra	ation Num	ber, if PA	C	
Linda Henderson					_		
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Che	eck, etc.)
4509 Larch Tree Ct.	ŀ					Check	
City	State	Zip Code	М	D	Y	Amount	_
Dayton	ОН	45424	0 9	0 9	1 1		25.00
Full Name of Contributor			Registra	ation Num	ber, if PA	С	
Grover Thomas							
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Che	ck, etc.)
100 Willow Brook Wy S, Apt. 3007						Check	
City	State	Zip Code	М	D	Y	Amount	
Deleware	O H	43015	0 9	1 0	1 1		100.00

Page Total	s	450.00

<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)]

31-	A		
R.C.	351	7.	10

Page 7	
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Prescribed by Secretary of State 3/05

Name of Committee in Full		•••				
Friends of Nolan Thomas						
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Carolyn Rice			1			
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1135 Green Tree Dr.						Check
City	State	Zip Code	М	D	Y	Amount
Dayton	ОН	45429	0 9	1 3	1 1	50.00
Full Name of Contributor		10127		tion Num		
Ian Rudd			1			
Street Address	Employer Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employer Occup	ation Labor Organization				
6150 Locust Hill Rd.		7: 0 1	LW	L D	V	Check
l ' _	State	Zip Code	M	D	Υ '	Amount
Dayton	O H	45459	0 9		1 1	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Sarah Dressel						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
16602 Capitol Plaza, Apt. 4						Check
City	State	Zip Code	M	D	Y	Amount
Omaha	N E	68118	0 9	1 9	1 1	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Matthew Dunn			1			
Street Address	Employer Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
24 Murray Dr.						Check
City	State	Zip Code	M	D	Y	Amount
Dayton	ОН	45403	0 9	I	1 1	25.00
Full Name of Contributor		10100	_	tion Num		
Lauren Dikis			i cogniti			•
Street Address	Employer/Occup	ation/Labor Organization*			_	Form (Cash, Check, etc.)
	Employer Occup	ation Edoor Organization				
37 Brown Ave.	State	Zip Code	Тм	D	Y	Electronic Amount
ļ *	1	1 '	ı	1	1 1	
Athens	O H	45701	0 9		II	100.00
Full Name of Contributor			Registra	tion Num	ber, II PA	C
Catherine Evans						
Street Address	Employer Occup	ation Labor Organization*				Form (Cash, Check, etc.)
233 Wroe Ave.						Check
City	State	Zip Code	М	D	Y	Amount
Dayton	ОН	45406	0 9	2 2	1 1	25.00
Full Name of Contributor			1 -	tion Num	oer, if PA	С
Friends of Greg Brush			Loc	cal		
Street Address	Employer Occup	ation Labor Organization*				Form (Cash, Check, etc.)
3743 Whisper Creek Dr.						Check
City	State	Zip Code	М	D	Y	Amount
Dayton	ОН	45414	0 9	2 2	1 1	100.00
Full Name of Contributor		<del></del>	Registra	tion Num	er, if PA	
Realtors Political Action Committee	/OH		CP4	401		
Street Address		ation Labor Organization*				Form (Cash, Check, etc.)
200 E. Town Street		<u>-</u>				Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43215	0 9	2 8	1 1	500.00
Commons		±0410	10.9	14 0	1 1	300.00

Page Total \$ 1,000.00

<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)]

3	1-	A	
R	C	3517	10

Name of Committee in Full						
Friends of Nolan Thomas		<del> </del>	T6		1 :CD 4	
Full Name of Contributor					ber, if PA	C
Ironworkers Local 290			290	) P.C.	E.	In
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
606 Hillrose Ave.				<del></del>	<del>,</del>	Check
City	State	Zip Code	М	D	Y	Amount
<u>Dayton</u>	ОН	45404	1 0		1 1	50.00
Full Name of Contributor					ber, if PA	
Ohio Association of Professional Fire	e Fighters		Oh	<u>iio Fir</u>	<u>e PCE</u>	E - Entity #9700
Street Address	Employer/Occu	pation/Labor Organization*	·			Form (Cash, Check, etc.)
140 E. Town St., Suite #1225						
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	1 0	1 3	1 1	250.00
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registra	ation Nun	ber, if PA	С
Contributions from form No. 31-E						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
			11 0	1 3	1 1	3,335.11
Full Name of Contributor					ber, if PA	
			1			
Street Address	Employer Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
		F				,
City	State	Zip Code	M	T D	ΙΥ	Amount
Full Name of Contributor			Registra	ation Nun	ber, if PA	C
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
Site ( ) (dates)	Employer occu	pation Edoor Organization				Tom (Casic Check, etc.)
City	State	Zip Code	М	D	Y	Amount
City	State	Zip Couc	"		'	miount
Full Name of Contributor			Pagietre	ntion Num	ber, if PA	
Tun Name of Contributor			Registra	ation Nun	ioer, ii i A	
Command Addition	[F1Oss	a-tion I about Ouronication*				Form (Cash. Check, etc.)
Street Address	Employer Occu	pation/Labor Organization*				Torin (Cash. Check, etc.)
C'.		Zip Code	М	T 5	1 7	
City	State	Zip Code	IVI	D	Y	Amount
B (1) 10 13 1			15	<u> </u>	1 1004	
Full Name of Contributor			Registra	ation Nun	ber, if PA	(
	<del></del>					
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
				<b>,</b>		
City	State	Zip Code	М	D	Y	Amount
				<u> </u>		
Full Name of Contributor			Registra	ation Num	ber, if PA	C
Street Address	Employer Occupation Labor Organization* Form (Cash. Check, etc.			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount

Page Total S	3,635.11

<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)]

Event Date	10/13/11
Page	1

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

	Prescribed by Secre	etary of State 3/05				
Name of Committee in Full		"				
Friends of Nolan Thomas						
Full Name of Contributor	17-00-2	11100	Registration	n Number, if PA	vC	
Sinthy Taylor			]			
Street Address	Employer/Occupati	on/Labor Organization*	M	D Y	Amount	
1232 Harvard Blvd.			0 9 2	2 5 1 1		25.00
City	State 2	Zip Code	Form(Cash.			
Dayton	ОН	45406	C	heck		
Full Name of Contributor		10 100		n Number, if PA	vC	
James Codispoti						
Street Address	Employer/Occupati	on/Labor Organization*	М	D Y	Amount	
987 Sharewood Ct.	Employer occupus	on rator organization	0 9 2		, inounc	100.00
City	State Z	Zip Code		Check.etc)		100.00
	1 1	45429	1 .	heck		
Kettering Full Name of Contributor	OH	43429		n Number, if P A		
			Registration	n Number, ii r	IC.	
John Cumming Street Address	E 1 0 -	7.1.0	<del></del>	D   V	<u> </u>	
	Employer/Occupati	on/Labor Organization*		DY	Amount	75.00
307 Southbrook Drive			0 9 2			75.00
City		Zip Code	,	.Check.etc)		
Dayton	OH	45459		heck		
Full Name of Contributor			Registration	n Number, if PA	vC.	
Rhine McLin						
Street Address	Employer Occupati	on/Labor Organization*	1 1	D Y	Amount	
23 N. Paul L Dunbar St.			0 9 2	2 8 1 1		25.00
City	State 2	Zip Code	Form(Cash.			
Dayton	O H	454 <u>02</u>	C	<u>heck</u>		
Full Name of Contributor			Registration	n Number, if PA	vC.	
Dick Ward						
Street Address	Employer/Occupati	on/Labor Organization*	M	D Y	Amount	
6449 Oakhurst Place			0 9 2	2 8 1 1		100.00
City	State 2	Zip Code	Form(Cash.	.Check.etc)		
Dayton	OH	45414	C	heck		
Full Name of Contributor	<u> </u>		Registration	n Number, if PA	.C	-
Carol Holm						
Street Address	Employer Occupati	on Labor Organization*	М	D Y	Amount	
223 Hilltop Ave.			0 9/3	3 0 1 1		25.00
City	State	Zip Code	Form(Cash.			
Oakwood	OH	45419		heck		
Full Name of Contributor				n Number, if PA	.C	
Tina Keough			-			
Street Address	Employer/Occupati	on/Labor Organization*	М	D Y	Amount	
930 Debbie Ct.	1	J	1 1	3 0 1 1	]	25.00
City	State Z	Zip Code	Form(Cash.			25.00
Dayton	OH	45415	, ,	heck		
Dayton		70410		HICK		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$375.00_

<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)]

Event Date	10/13/11
Page	2

# Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	retary of State 3/05		
Name of Committee in Full				
Friends of Nolan Thomas				
Full Name of Contributor			Registration Number, if PAC	
David Richards				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Ar	nount
5019 Keywest Dr.			1 0 0 1 1 1	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Huber Heights	O H	<u>45424</u>	Electronic	
Full Name of Contributor			Registration Number, if PAC	
Mark Feuer				
Street Address	Employer/Occupa	tion/Labor Organization*		nount
6617 Tiverton Cir.			1 0 0 2 1 1	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Centerville	O H	45459	Check	
Full Name of Contributor			Registration Number, if PAC	
Scott Kozar				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Ar	nount
2827 15th St., NW #202			1 0 0 2 1 1	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Washington	l D C	20009	Electronic	
Full Name of Contributor			Registration Number, if PAC	
Jeff Patzer				
Street Address	Employer Occupa	tion/Labor Organization*	M D Y Ar	nount
3809 Hillmont Ave.			1 0 0 3 1 1	25.00
City	State	Zip Code	Form(Cash,Check,etc)	20.00
Dayton	О Н	45402	Check	
Full Name of Contributor			Registration Number, if PAC	
Helen Sheppard				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Ar	mount
4745 Wicklow	Employer Gecupa	Mon Euror Organization	1 0 0 3 1 1	50.00
City	State	Zip Code	Form(Cash.Check.etc)	50.00
Middletown		45042	Check	
Full Name of Contributor	IO H	43042	Registration Number, if PAC	
Joel Thomas			registration runiber in the	
Street Address	Employar Occupa	tion/Labor Organization*	M D Y Ar	nount
	Tampioyer Occupa	mon Labor Organization	1 0 0 3 1 1	75.00
3201 Sugar Pine Trl., Apt. 203	State	Tin Code	Form(Cash,Check,etc)	
•	State	Zip Code 27713		
Durham Full Name of Contributor	<u> </u>	2//13	Check	
			Registration Number, if PAC	
Dawn Wojcik Street Address	E1	tion/Labor Onei*	M D Y At	nount
	Employer/Occupa	tion/Labor Organization*		25.00
147 E. Sunrise Ave.	- Co	7: 0.1	1 0 0 3 1 1 Form(Cash.Check.etc)	25.00
City	State	Zip Code		
Trotwood	O H	45426	Check	

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$475.00

<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)]

Event Date	10/13/11
Page	3

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Prescribed by Sec	cretary of State 3/05				
Name of Committee in Full				<del></del>		
Friends of Nolan Thomas			To the state of	N 1		<del></del>
Full Name of Contributor			Registration	Number, if PA	IC.	
Nedra Smolka						
Street Address	Employer/Occup	ation/Labor Organization*	1 1	D Y	Amount	
3171 Southdale Dr., Apt. 2			1 0 0	4 1 1		25.00
City	State	Zip Code	Form(Cash,			
Dayton	<u> </u>	45409		<u>reck</u>		
Full Name of Contributor			Registration	Number, if PA	<b>NC</b>	
Charlotte Vitali						
Street Address	Employer/Occup	ation/Labor Organization*	M		Amount	
164 Martha Ave.			1 0 0			25.00
City	State	Zip Code	Form(Cash.			
Dayton	<u>O</u> H	45458		<u>neck</u>		
Full Name of Contributor			Registration	Number, if PA	iC -	
Amy Schrimpf						
Street Address	Employer/Occup	ation/Labor Organization*	1 1	D Y	Amount	
4573 James Madison Trl., N			1 0 0	4 1 1		75.00
City	State	Zip Code	Form(Cash,	Check.etc)		
Kettering	O H	45440	Cł	<u>neck</u>		
Full Name of Contributor			Registration	Number, if PA	vC.	
Paula Dare						
Street Address	Employer/Occup	ation/Labor Organization*	М	D Y	Amount	
6120 Suzanne Cir.	į.		1 0 0	7 1 1	l	25.00
City	State	Zip Code	Form(Cash,	Check.etc)		
Dayton	ОН	45459	l Ci	neck		
Full Name of Contributor		·	Registration	Number, if PA	vC	
Dennis Lieberman			- }			
Street Address	Employer/Occup	ation/Labor Organization*	М	D Y	Amount	
15 W. 4th St.			1 0 0	7 1 1		200.00
City	State	Zip Code	Form(Cash,			
Dayton	lo H	45402	l Cł	neck		
Full Name of Contributor				Number, if PA	NC .	
Kenneth Taylor						
Street Address	Employer Occup	ation Labor Organization*	M	D Y	Amount	
2700 Delmonte Ave.			11 010	8 1 1		50.00
City	State	Zip Code	Form(Cash,			3 0.10
Dayton	ОН	45419	Cl	neck		
Full Name of Contributor		30 117		Number, if PA	VC.	
Margaret Hamm						
Street Address	Employer/Occup	ation/Labor Organization*	М	D Y	Amount	
2785 E. Dorothy Ln.			1 0 0			75.00
City	State	Zip Code	Form(Cash,			70.00
Trotwood	ОН	45420		neck		
11010000	1 () 11	30320		ICCN		

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 475.00

<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)]

Event Date	10/13/11
Page	4

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

Prescribed by Se	cretary of State 3/05		
		Registration Number, if PAC	
Employer/Occup	ation/Labor Organization*	M D Y Amount	
			75.00
State	Zip Code		
ОН	45403	Check	
		Registration Number, if PAC	
Employer/Occup	ation Labor Organization*	M D Y Amount	
		1 0 1 1 1 1	25.00
State	Zip Code	Form(Cash,Check,etc)	
ОН	45409	Check	
		Registration Number, if PAC	
Employer/Occup	ation/Labor Organization*	M D Y Amount	
		1 0 1 1 1 1	75.00
State	Zip Code	Form(Cash.Check.etc)	
O H	45420	Check	
		Registration Number, if PAC	
Employer Occup	ation/Labor Organization*	M D Y Amount	
		1 0 1 1 1 1	100.00
State	Zip Code	Form(Cash,Check,etc)	
M I	48193	Check	
70000		Registration Number, if PAC	
Employer/Occup	ation Labor Organization*	M D Y Amount	
		1 0 1 1 1 1	25.00
State	Zip Code	Form(Cash.Check.etc)	
O H	45408	Check	
		Registration Number, if PAC	
Employer Occup	ation Labor Organization*	M D Y Amount	
		1 0 1 1 1 1	20.11
State	Zip Code	Form(Cash,Check,etc)	
ОН	43221	Check	
		Registration Number, if PAC	
Employer/Occupa	ation/Labor Organization*	M D Y Amount	
		1 0 1 2 1 1	35.00
State	Zip Code	Form(Cash,Check,etc)	
Го н	45429	Check	
	Employer Occup  State O H   Employer Occupation Labor Organization*  State Zip Code 45409  Employer Occupation Labor Organization*  State Zip Code 45420  Employer Occupation Labor Organization*  State Zip Code M I 48193  Employer Occupation Labor Organization*  State Zip Code O H 45408  Employer Occupation Labor Organization*  State Zip Code O H 43221  Employer Occupation Labor Organization*  State Zip Code O H 43221	Employer Occupation Labor Organization*  Employer Occupation Labor Organizatio	

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event		
		Page Total \$	355.11
İ		ı	

<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,  $[R.C.\ 3517.10(B)(4)]$ 

Event Date	10/13/
Page	5

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

Prescribed by Secr	etary of State 3/05		
		Registration Number, if PAC	
Employer/Occupat	tion/Labor Organization*	M D Y Amount	
		1 0 1 2 1 1	75.00
State		1 '	
O_H_	45405		
		Registration Number, if PAC	
Employer/Occupat	tion/Labor Organization*	M D Y Amount	
		1 0 1 3 1 1	75.00
, i		Form(Cash,Check,etc)	
O H	45406	Check	
		Registration Number, if PAC	
Employer/Occupat	tion/Labor Organization*	M D Y Amount	
_		1 0 1 3 1 1	25.00
State	Zip Code	Form(Cash,Check,etc)	
O H	45409	Check	
		Registration Number, if PAC	
Employer Occupat	tion/Labor Organization*	M D Y Amount	
		1 0 1 3 1 1	25.00
State			
O H	45406	Check	
		Registration Number, if PAC	
Employer/Occupat	tion/Labor Organization*	M D Y Amount	***************************************
		1 0 1 3 1 1	75.00
State	•	Forin(Cash.Check.etc)	
ОН	45414	Check	
		Registration Number, if PAC	
		<u> </u>	
Employer/Occupat	tion Labor Organization*	M D Y Amount	
		1 0 1 3 1 <u>1                               </u>	75.00
State	•	Form(Cash.Check.etc)	
O H	45420	Cash	
		Registration Number, if PAC	
Employer Occupat	tion/Labor Organization*	M D Y Amount	
		1 0 1 3 1 1	25.00
State	Zip Code	Form(Cash,Check,etc)	
State	Zip Code	r orm(e dame needdete)	
	Employer/Occupat  State OH  Employer/Occupat  State OH  Employer Occupat  State OH  Employer Occupat  State OH  Employer Occupat  State OH  Employer Occupat  State OH	Employer Occupation/Labor Organization*    State	Employer Occupation Labor Organization*  Employer Occupation Uccupation Uccupa

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event		
		Page Total \$	375.00

<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)]

Event Date	10/13/11
Page	6

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

Prescribed by Secretary of State 3/05 Name of Committee in Full Friends of Nolan Thomas Registration Number, if PAC Full Name of Contributor Robert Fowler Street Address Employer/Occupation/Labor Organization\* 25.00 1325 Foxglen Cir. Zip Code Form(Cash,Check,etc) 45429 Check Kettering Η Full Name of Contributor Dalma Grandjean Employer/Occupation/Labor Organization\* 25.00 1593 Big Hill Rd. 0 1 3 1 1 Zip Code Form(Cash,Check,etc) Kettering Η 45429 Check Michelle Grodner Employer/Occupation/Labor Organization\* 1203 Bay Harbour Cir. 0 1 3 25.00 Zip Code Centerville 45458 Check Η Full Name of Contributor Registration Number, if PAC Thalia Johnson Employer Occupation/Labor Organization\* 1 3 25.00 2420 Shafer Blvd. 0 Zip Code Form(Cash,Check.etc) 45419 Dayton Cash Registration Number, if PAC Russ Joseph Employer/Occupation/Labor Organization\* Amount 25.00 3 443 E. 6th St. 0 Zip Code Form(Cash,Check,etc) 45403 Check Η Dayton Full Name of Contributor Registration Number, if PAC Walter Klepacz Employer Occupation Labor Organization\* Amount 4840 Marybrook Dr. 75.00 0 1 3 1 Form(Cash,Check.etc) Check 45429 Kettering Η Full Name of Contributor Registration Number, if PAC James Koller Street Address Employer/Occupation/Labor Organization\* 1767 Grand Cypress Blvd. 75.00 0 1 3 1 Zip Code Form(Cash,Check,etc) Waynesville Н 45068 Check

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event	
		Page Total \$ 275.00

<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)]

Event Date	10/13/11
Page	7

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

Prescribed by Secretary of State 3/05 Name of Committee in Full Friends of Nolan Thomas Full Name of Contributor Registration Number, if PAC Joseph Lacey Street Address Employer/Occupation/Labor Organization\* 40.00 161 Huffman Ave. 0|1 3|1 Form(Cash,Check,etc) Zip Code 45403 Check Dayton Full Name of Contributor William Loy Employer Occupation Labor Organization\* 25.00 0 1 3 241 Topton Dr. Form(Cash,Check,etc) Zip Code Η 45377 Check Vandalia John Murphy Employer/Occupation/Labor Organization\* 25.00 3826 Cordell Dr. 0 1 3 Zip Code 45439 Check Dayton Н Teresa O'Connell Employer/Occupation Labor Organization\* 1 3 25.00 400 Avon Way 0 Zip Code Form(Cash,Check,etc) Dayton 45429 Check Registration Number, if PAC Full Name of Contributor Mark Owens Employer Occupation Labor Organization\* Amount 75.00 0 1 3927 Saddle Ridge Cir. 3 Form(Cash,Check,etc) Zip Code 45424 Check Dayton Η Full Name of Contributor Registration Number, if PAC Doug Panstingel Employer Occupation Labor Organization\* Amount 25.00 0 1 3 1 1 4134 Grace Cir. Zip Code Form(Cash,Check.etc) State 45431 Beavercreek Н Cash Registration Number, if PAC David Parker Employer/Occupation/Labor Organization\* 3 1 1 25.00 1950 Laddie Ct.  $1 \ 0 \ 1$ Zip Code Form(Cash,Check,etc) 45385 Xenia Н Check

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event		
		Page Total \$	240.00

<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)]

Event Date	10/13/11
Page	8

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

Prescribed by Secretary of State 3/05 Name of Committee in Full Friends of Nolan Thomas Full Name of Contributor Registration Number, if PAC George Patricoff Street Address Employer/Occupation/Labor Organization\* Amount 2149 Oak Tree Dr. E 50.00 Zip Code Form(Cash,Check,etc) Kettering Н 45440 Check Full Name of Contributor Registration Number, if PAC Paul Robinson Street Address Employer/Occupation/Labor Organization\* Amount 1647 Rockleigh Rd. 0 1 3 1 25.00 State Zip Code Form(Cash,Check,etc) Centerville 45458 Check Registration Number, if PAC Fredrick Schindler Employer/Occupation/Labor Organization\* 5324 Oakbrooke Dr. 1.0 50.00 State Zip Code Form(Cash,Check,etc) Kettering 45440 Cash Registration Number, if PAC Jill Sink Employer/Occupation/Labor Organization\* 9520 Haber Rd. 3 1 100.00 1 0 1 State Zip Code Form(Cash,Check,etc) Clayton 45413 Cash Full Name of Contributor Cathy Startzman Employer/Occupation/Labor Organization\* Amount 998 Marycrest Ln. 0 1 3 1 25.00 Dayton 45429 Check Full Name of Contributor Registration Number, if PAC Susan Thomas Employer/Occupation/Labor Organization\* 4455 Wehner Rd. 0 1 3 150.00 State Zip Code Form(Cash,Check.etc) <u>Dayton</u> 45429 Check Full Name of Contributor Registration Number, if PAC Al Wagner Street Address Employer/Occupation/Labor Organization\* Amount 7 Stonemill Rd. 75.00 3 State Zip Code Form(Cash,Check,etc) 45409 Dayton Η Check

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event		
		Page Total \$	475.00

<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)]

Event Date	10/13/11
Page	9

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

	Freschoed by Se	ecretary of State 3/05		
Name of Committee in Full				
Friends of Nolan Thomas				
Full Name of Contributor			Registration Number, if PAC	
Simon Ward				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
1120 Chelsea Ave.			1 0 1 3 1 1	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Dayton	ОН	45420	Check	
Full Name of Contributor			Registration Number, if PAC	****
Richard Ward				
Street Address	Employer/Occu	oation/Labor Organization*	M D Y Amount	
219 Dellwood Ave			1 0 1 3 1 1	50.00
City	State	Zip Code	Form(Cash.Check.etc)	
Dayton	Іо н	45419	Cash	
Full Name of Contributor			Registration Number, if PAC	
Victoria Watson				
Street Address	IEmployer/Occur	pation/Labor Organization*	M D Y Amount	
238 Beverly Pl.	i.mproyer over	panon Lacor organization	1 0 1 3 1 1	25.00
City	State	Zip Code	Form(Cash,Check,etc)	25.00
Dayton		45419	Cash	
Full Name of Contributor	I O H	1 43417	Registration Number, if PAC	***
			Registration (vulnoc), if i AC	
Cynthia Westwood Street Address	r1	oation Labor Organization*	M D Y Amount	
	Employer/Occu	pation Labor Organization*		25.00
1954 Bull Rd.		Tz. 6. 1	1 0 1 3 1 1 Form(Cash,Check,etc)	25.00
City	State	Zip Code		
Farmersville	<u> </u>	45325	Check	
Full Name of Contributor			Registration Number, if PAC	
Ryan Wood				
Street Address	Employer/Occu	oation/Labor Organization*	M D Y Amount	
1822 Shroyer Rd. Apt. A			1 0 1 3 1 1	50.00
City	State	Zip Code	Form(Cash.Check,etc)	
Dayton	ОН	45419	Check	
Full Name of Contributor			Registration Number, if PAC	
Jean Laviolette				
Street Address	Employer Occur	oation Labor Organization*	M D Y Amount	
209 Water Ave.			1 0 1 4 1 1	40.00
City	State	Zip Code	Form(Cash,Check,etc)	
Oscoda	M I	48750	Check	
Full Name of Contributor			Registration Number, if PAC	
Charlie Bowling				
Street Address	Employer/Occu	pation/Labor Organization*	M D Y Amount	
1027 Diana Ave			1 0 1 7 1 1	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Miamisburg	ОН	45342	Check	
				· · · · · · · · · · · · · · · · · · ·

Fill in the boxes below only on the last page for this event.

Total contributions this event	Total expenditures this event		
		Page Total S	290.00
3.335.11	241.20		

<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)]

Page	1

## **Statement of Expenditures**

Prescribed by Secretary of State 2:01

Name of Committee in Full Friends of Nolan Thomas					1
To Whom Paid			M D Y	Amount	-
Day-Air Credit Union			0 7 2 6 1 1		14.80
Address 3501 Wilimington Pike	Purpose Check O	order			
City	State	Zip Code	Check Number		
Kettering	O H	45429	Bank Transfer		
To Whom Paid			M D Y	Amount	
Montgomery County Board of Election			0 8 1 2 1 1	<u> </u>	45.00
Address 451 W. Third St.	Purpose Filing Fe	ee			
City	State	Zip Codc	Check Number		
Dayton	ОН	45422	1001		
To Whom Paid			M D Y	Amount	
United States Postal Service			0 8 1 5 1 1	<u> </u>	93.00
Address	Purpose	D .			
111 E 5th St.	General		Charle North		
City	State H	Zip Code 45401	Check Number 1002		
Dayton To Whom Paid	<u> 0 H</u>	1 43401	M D Y	Amount	
Paypal			0 8 1 8 1 1	l mount	3.20
Address	Purpose			<u> </u>	0.20
2211 N. First St.		ic Usage Fee			
City	State	Zip Code	Check Number		
San Jose	CA	95131	Debit		
To Whom Paid			M D Y	Amount	200.05
Melissa Carito			0 8 2 4 1 1	<u> </u>	200.00
Address	Purpose	Dest (- 1 1			
40 Pleasant Ct.		Design (nolanthoma			
City Monroe	State H	Zip Code 45050	Check Number 1005		
Monroe To Whom Paid	0 H	1 43030	M D Y	Amount	
Louis Chmiel			0 8 2 5 1 1	I	228.00
Address	Purpose		012 011 1	<b></b>	
1022 Carlile Ave.		homas for Kettering	City Council T-S	hirts	
City	State	Zip Code	Check Number		
Dayton	O H	45420	1004		
To Whom Paid			M D Y	Amount	00445
Dayton Printery			0 8 2 9 1 1	L	934.11
Address	Purpose	and T. Stanistan in			
6550 Poe Ave.		gn Literature Zip Code	Check Number		
<sup>City</sup> Dayton	State	45414	1006		
To Whom Paid			M D Y	Amount	
Paypal			0 9 0 5 1 1		5.68
Address	Purpose				
2211 N. First St.		ic Usage Fee			
City	State	Zip Code	Check Number		
San Jose	C A	95131	Debit		

Page Total \$ 1.523.79

Page	2

## **Statement of Expenditures**

Name of Committee in Full Friends of Nolan Thomas				
To Whom Paid			M D Y Amoun	
Paypal			0 9 0 6 1 1	3.20
Address	Purpose		0 2 0 1 1	0.20
2211 N. First St.		ic Usage Fee		
City	State	Zip Code	Check Number	
San Jose	L A	95131	Debit	
To Whom Paid			M D Y Amoun	
My Campaign Store			0 9 1 4 1 1	669.00
Address	Purpose			
902 E. Court St.	Yard Sig			
City	State	Zip Code	Check Number	
Jeffersonville To Whom Paid	I N	47130	1007	
			M D Y Amoun	
Dayton Printery  Address	Purpose		0 9 1 5 1 1	148.73
6550 Poe Ave.		m Kattaring/OSII	Football Schedules	
City	State	Zip Code	Check Number	
Dayton Printery	H	45414	1008	
To Whom Paid	1 ()	10111	M D Y Amount	
Paypal			0 9 2 1 1 1	3.20
Address	Purpose			
2211 N. First St.	Electron	ic Usage Fee		
City	State	Zip Code	Check Number	
San Jose	CA	95131	Debit	
To Whom Paid			M D Y Amount	
Dayton Printery			1 0 0 6 1 1	406.60
Address	Purpose	T **		
6550 Poe Ave.		n Literature	CL IN I	
	State	Zip Code 45414	Check Number 1013	
Dayton To Whom Paid	IO H	43414	M D Y Amount	
United States Postal Service			1 0 0 7 1 1	146.00
Address	Purpose		11 0 0 7 11 1	140.00
111 E 5th St.	General	Postage		
City	State	Zip Code	Check Number	
Dayton	ОН	45401	1014	
To Whom Paid			M D Y Amount	
United States Postal Service			1 0 1 4 1 1	102.00
Address	Purpose	_		
111 E 5th St.	General			
City	State	Zip Code	Check Number	
Dayton To Whom Paid	O H	45401	1015	
Expenditures from Form 31-F			M D Y Amount	241.20
Address	Purpose		1 0 1 3 1 1	∠ <del>1</del> 1,∠U
	Lapose			
City	State	Zip Code	Check Number	
	-	•		

Page Total \$	1.719.93
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Event Date	10/13/11
Page	1

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full				
Friends of Nolan Thomas				
To Whom Paid			M D Y Amount	
Matthew Cox			0 9 1 6 1 1	7.48
Address	Purpose			
23 N Quentin Ave.	Paper for F	fundraiser		
City		Zip Code	Check Number	
Dayton	ОН	45403	1011	
To Whom Paid	0 11	10103	M D Y Amount	
United States Postal Service			0 9 1 9 1 1	102.00
Address	Purpose		0 9 1 9 1 1	102.00
111 E 5th St.	General I	Postago		
City		Zip Code	Check Number	
	1 1	45401	1009	
Dayton To Whom Paid	OH	43401	M D Y Amount	
				24.16
Gen Murphy Address	Purpose		0 9 2 1 1 1	24.10
	<b>1</b> '	. 1 .		
408 E. 6th St.	Paper for F			
City	l l	Zip Code	Check Number	
Dayton	ОН	45402	1010	
To Whom Paid			M D Y Amount	
United States Postal Service			0 9 2 6 1 1	93.00
Address	Purpose	_		
111 E 5th St.	General I			
City	1 1	Zip Code	Check Number	
Dayton	ОН	<b>454</b> 01	1012	
To Whom Paid			M D Y Amount	
Paypal			1 0 0 1 1 1	1.03
Address	Purpose			
2211 N. First St.	Electronic			
City	State	Zip Code	Check Number	
San Jose	C A	95131	Debit	
To Whom Paid		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M D Y Amount	
Paypal			1 0 0 2 1 1	7.55
Address	Purpose			
2211 N. First St.	Electronic	Usage Fee		
City	State	Zip Code	Check Number	
San Jose		95131	Debit	
To Whom Paid			M D Y Amount	
Paypal			1 0 1 1 1 1	4.23
Address	Purpose			
2211 N. First St.	Electronic	Usage Fee		
City	State	Zip Code	Check Number	
San Jose	C A	95131	Debit	
Satt Jose		70101	Deore	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total S	239.45
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31-F R.C. 3517.10

Event Date	10/13/1\	
Page	2	

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02:01

Name of Committee in Full							
Friends of Nolan Thomas							
To Whom Paid			М	D	Y	Amount	
Paypal			1 0	1 7	1 1		1.75
Address	Purpose						
2211 N. First St.	Electroni	c Usage Fee					
City	State	Zip Code	Check N	Number			
San Jose	C A	95131		Debi	t		
To Whom Paid		70101	М	D	Y	Amount	
Address	Purpose			L .	<u> </u>	<u> </u>	
	,						
City	State	Zip Code	Check N	Number			
To Whom Paid		<u> </u>	M	D	Y	Amount	
10 Whom Faid			1 141	້	<u> </u>	, tinount	
All	Purpose			<u> </u>	<u> </u>	I	
Address	ruipose						
	F	7.0	IC11-1	. I I			
City	State Zip Code Check Number					1	
				Т.			
To Whom Paid			М	D	Y	Amount	
			1	1	<u> </u>	<u>l</u>	
Address	Purpose						
City	State Zip Code Check Number						
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check I	Number			
To Whom Paid			М	D	Y	Amount	
				<u></u>			
Address	Purpose						
	1						
City	State	Zip Code	Check 1	Number			
To Whom Paid	<del>"</del>		M	D	Y	Amount	- ****
Address	Purpose				1		
	1						,
City	State	Zip Code	Check 1	Number			
		1					

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

31-	J-1	
R.C.	3517.	10

Page 1
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#### **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Friends of Nolan Thomas							
Full Name of Contributor	Employer. Occupation, Labor Organization *		Registration Number, if PAC				
Nolan Thomas							
Street Address	Description of Item or Service		М	D	Y	Fair Market Valu	e
2724 Delmonte Ave.	Finar	icial Statement	1 0	0 6	1 1	İ	35.00
City	State	Zip Code	Received at Fundraising Event?				
Kettering	ОН	45419	YES NO				
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registra	tion Num	ber, if PA	ر.C	
Christopher's Restaurant Catering							
Street Address	Description of Ite	em or Service	М	D	Y	Fair Market Valu	e
2318 E. Dorthy Ln.	Food/Ro	oom Rental/Deliv.	1 0	1 3	1 1		842.50
City	State	Zip Code		d at Fund	raising Ev	/ent?	0 1-10
Kettering	ОН	45420		YES		□NO	
Full Name of Contributor		pation, Labor Organization *		tion Num	her if PA		
Meg Cole	Employer. Occup	action, Eabor Organization	registia	tion (tuni	001, 11 1 1		
Street Address	Description of Ite	um or Sarvica	M	D	Y	Fair Market Valu	
		rasier Supplies	$\begin{bmatrix} 1 \\ 1 \end{bmatrix}$ 0	1		an Market valu	77.20
819 Fourman Ct., Apt. 7		Zip Code		d at Fund		1	77.20
_	State	1	1	YES	raising EV	/ent/ NO	
Dayton	OH	45410			'cp.		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	ıC:	
Street Address	Description of Item or Service		M	D	Y	Fair Market Valu	e
				<u> </u>	<u> </u>	<u> </u>	
City	State	Zip Code	Receive	d at Fund	raising Ev		
			L	YES _		NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	·C	
				_			
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Valu	e
				]		1	
City	State	Zip Code	Receive	d at Fund	raising Ev	/ent?	
				YES		∐ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	tion Num	ber, if PA	.C	<del></del>
	İ		l				
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Valu	e i
	•				l	Ì	
City	State	Zip Code	Receive	d at Fund	raising Ev	ent?	
		'		YES		NO	
Full Name of Contributor	Employer, Occur	ation, Labor Organization *	Registra	tion Num	ber. if PA		
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Valu	e
Silver riddress	Description of the	or service	'''		'	l dii mantet vala	
City	State	Zip Code	Receive	d at Fund	raising Ex	(ent <sup>9</sup>	
City	State	Zip Code	I COCKE	YES	alonig LA	NO	
Dall Name of Contains	Employer Own	ation Labor Organization *	Dogiotro	tion Num	har if DA		
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registra	uon Num	oei, II PA		
6:	- D		<del> </del>	T 5	Lv	D. J. Maril at M. J.	
Street Address	Description of Ite	m or Service	М	D	Y	Fair Market Valu	e
		In a l		<u> </u>	<u> </u>	L	
City	State	Zip Code	Receive	d at Fundi	raising Ev		
				YES		∐NO	

Page Total \$ 954.70

<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)]

31-A-2 R.C. 3517.10(B)

Page 1	
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### **Statement of Other Income**

Prescribed by Secretary of State 2:01

Name of Committee in Full							
Friends of Nolan Thomas							
Full Name			Registrat	tion Num	ber, if PA	ı.C	
Paypal							
Address	Type*		М	D	Y	Amount	
2211 N. First St.	I N		0 8		1 1		0.24
City	State	Zip Code	Form(Ca	sh,Check			0.21
		95131	1	Credi			
San Jose Full Name	C A	70101			ber, if PA	C	
ruii Name			Registra	uon Num	oer, ii PA	и.	
Address	Type*		M	D	Y	Amount	
	-78-						
City	State	Zip Code	Form(C)	sh,Checl	c.etc)		
ny	State	Z.p Code	I since	,,,,,,,,,,,,	.,)		
Full Name			Registra	tion Num	ber, if PA	ı.C	
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	sh.Check	c,etc)		
		· .					
Full Name			Registra	tion Num	ber, if PA	vC.	
Address	Type*		M	D	Y	Amount	
ridico	Type				'		
City	State	Zip Code	FormiCa	sh,Checl	(etc)		
c ny	State	rap code	l'onnic a		.,,,,		
P. H.N.		<u></u>	Pagietes	tion No.	ber. if PA	C	
Full Name			Registra	uon i <b>vu</b> ili	oci. II ra	т.	
<u> </u>				I D	l v	I A moure	
Address	Type*		М	D	Y	Amount	
		7: 6	F 1=	1.61.	<u></u>		
City	State	Zip Code	Form(Ca	ish.Checl	c.etc)		
		<u> </u>	,				
Full Name			Registra	tion Num	ber, if PA	IC.	
						···	
Address	Type*		М	D	Y	Amount	
City	State	Zip Code	Form(Ca	ish,Check	k,etc)		
					_		
Full Name			Registra	tion Num	ber, if PA	VC.	
Address	Type*		М	D	Y	Amount	
	1			ļ	[	Į.	
City	State	Zip Code	Form(Ca	ish.Checl	c,ete)		
		'					
Full Name	I		Registra	tion Num	ber, if PA	ı.C	
· ····			-5 ****				
Address	Type*		M	D	Y	Amount	
radices	Type		,*1		l		
C:		Zin Codo	E(C)	ob Chart	( oto)		
City	State	Zip Code	rom(Ca	ish,Check	c,etc)		
* Place the two latter code in the Type block (one latter per course	V. 12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		undi DT 6	ro-614	manalisa	ahaak on the	

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$	0.24
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<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee.