

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | |
|--|--------------|--|---|--|-------------------|--|-------------|--------------------------|---------------------------|-----------------|-------------|
| Full Name of Committee Friends of Nolan Thomas | | | | | | Registration Number, if PAC | | | | | |
| Full Name of Candidate Nolan Thomas | | | | | | | | | | | |
| Street Address 2724 Delmonte Ave. | | | | | | Office Sought Kettering City Council | | | District Ward 1 | | |
| City Kettering | | | | | | State O H | | Zip Code 45419 | | | |
| Type of Report (place X to the left of report type) | Pre-Primary | | Post-Primary | | X | | 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 1 1 | D 0 8 | Y 1 1 | |

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 | \$ 0.00 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ 7,530.11 |
| 3. Total other income (From Form No. 31-A-2) | \$ 0.24 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ 7,530.35 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ 3,243.72 |
| 6. Balance on hand (line 4 minus line 5) | \$ 4,286.63 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ 954.70 |
| 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 | \$ |

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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

Matthew R. Cox, Treasurer _____ *Matthew R. Cox* _____ 10/27/11 _____
 Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 8

Expenditure pages 2

Other pages 14

Total pages 24

Statement of Contributions Received

Prescribed by Secretary of State 3-05

| | | | | | | |
|---|---------------------|---|---------------|-----------------------------|--|-------------------------|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | |
| Full Name of Contributor Susan Thomas | | | | Registration Number, if PAC | | |
| Street Address 4455 Wehner Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Kettering | State O H | Zip Code 45429 | M 0 | D 7 | Y 1 1 | Amount 250.00 |
| Full Name of Contributor Nolan Thomas | | | | Registration Number, if PAC | | |
| Street Address 2724 Delmonte Ave. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Bank Transfer | |
| City Kettering | State O H | Zip Code 45419 | M 0 | D 7 | Y 1 8 | Amount 25.00 |
| Full Name of Contributor John Cumming | | | | Registration Number, if PAC | | |
| Street Address 307 Southbrook Drive | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45459 | M 0 | D 8 | Y 1 7 | Amount 100.00 |
| Full Name of Contributor Robert Guehl | | | | Registration Number, if PAC | | |
| Street Address 2230 S. Patterson, Unit 11 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45409 | M 0 | D 8 | Y 1 7 | Amount 25.00 |
| Full Name of Contributor Dick Ward | | | | Registration Number, if PAC | | |
| Street Address 6449 Oakhurst Place | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45414 | M 0 | D 8 | Y 1 7 | Amount 50.00 |
| Full Name of Contributor Matt Joseph | | | | Registration Number, if PAC | | |
| Street Address 1338 Ashland Ave. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Electronic | |
| City Dayton | State O H | Zip Code 45420 | M 0 | D 8 | Y 1 8 | Amount 100.00 |
| Full Name of Contributor James McCarthy | | | | Registration Number, if PAC | | |
| Street Address 4813 Shiloh View Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45415 | M 0 | D 8 | Y 1 8 | Amount 100.00 |
| Full Name of Contributor Elaine Zimmers-Johnson | | | | Registration Number, if PAC | | |
| Street Address 291 E. Stonequarry Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Vandalia | State O H | Zip Code 45377 | M 0 | D 8 | Y 1 8 | Amount 25.00 |

* 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 Friends of Nolan Thomas | | | | | | |
| Full Name of Contributor Judy Dodge | | | | Registration Number, if PAC | | |
| Street Address 397 Farrell Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Vandalia | State O H | Zip Code 45377 | M 0 | D 8 | Y 1 1 | Amount 25.00 |
| Full Name of Contributor Fredrick Schindler | | | | Registration Number, if PAC | | |
| Street Address 5324 Oakbrooke Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Kettering | State O H | Zip Code 45440 | M 0 | D 8 | Y 1 1 | Amount 25.00 |
| Full Name of Contributor Helen Shepperd | | | | Registration Number, if PAC | | |
| Street Address 4745 Wicklow | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Middletown | State O H | Zip Code 45042 | M 0 | D 8 | Y 1 1 | Amount 25.00 |
| Full Name of Contributor Lisa Browning | | | | Registration Number, if PAC | | |
| Street Address 2560 Miami Village Dr. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Miamisburg | State O H | Zip Code 45342 | M 0 | D 8 | Y 2 0 1 1 | Amount 25.00 |
| Full Name of Contributor James Levinson | | | | Registration Number, if PAC | | |
| Street Address 5724 Heather Hollow Dr. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45415 | M 0 | D 8 | Y 2 0 1 1 | Amount 25.00 |
| Full Name of Contributor Rhine McLin | | | | Registration Number, if PAC | | |
| Street Address 23 N. Paul L Dunbar St. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45402 | M 0 | D 8 | Y 2 0 1 1 | Amount 50.00 |
| Full Name of Contributor William Sadler | | | | Registration Number, if PAC | | |
| Street Address 3101 Longmeadow Dr. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Trenton | State M I | Zip Code 48183 | M 0 | D 8 | Y 2 0 1 1 | Amount 25.00 |
| Full Name of Contributor Matti Seege | | | | Registration Number, if PAC | | |
| Street Address 1460 Newton Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45406 | M 0 | D 8 | Y 2 0 1 1 | Amount 25.00 |

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Statement of Contributions Received

Prescribed by Secretary of State 3-05

| | | | | | | |
|---|---------------------|---|-----------------|-----------------------------|--|-------------------------|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | |
| Full Name of Contributor Walter Ruf | | | | Registration Number, if PAC | | |
| Street Address 20 Napoleon Dr. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Kettering | State O H | Zip Code 45429 | M 0 8 | D 2 1 | Y 1 1 | Amount 50.00 |
| Full Name of Contributor William Loy | | | | Registration Number, if PAC | | |
| Street Address 241 Topton Dr. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Vandalia | State O H | Zip Code 45377 | M 0 8 | D 2 2 | Y 1 1 | Amount 25.00 |
| Full Name of Contributor Mark Owens | | | | Registration Number, if PAC | | |
| Street Address 3927 Saddle Ridge Cir. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45424 | M 0 8 | D 2 2 | Y 1 1 | Amount 100.00 |
| Full Name of Contributor Jeff Patzer | | | | Registration Number, if PAC | | |
| Street Address 3809 Hillmont Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45414 | M 0 8 | D 2 3 | Y 1 1 | Amount 50.00 |
| Full Name of Contributor Ryan Wood | | | | Registration Number, if PAC | | |
| Street Address 1822 Shroyer Rd. Apt. A | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45419 | M 0 8 | D 2 4 | Y 1 1 | Amount 100.00 |
| Full Name of Contributor Anna Fernandez | | | | Registration Number, if PAC | | |
| Street Address 1417 Watervliet Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45420 | M 0 8 | D 2 5 | Y 1 1 | Amount 25.00 |
| Full Name of Contributor Russ Joseph | | | | Registration Number, if PAC | | |
| Street Address 443 E. 6th St. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45402 | M 0 8 | D 2 5 | Y 1 1 | Amount 50.00 |
| Full Name of Contributor Karl Keith | | | | Registration Number, if PAC | | |
| Street Address 221 Watervliet Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45420 | M 0 8 | D 2 5 | Y 1 1 | Amount 100.00 |

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Statement of Contributions Received

Prescribed by Secretary of State 3 05

| | | | | | | |
|---|---------------------|---|-----------------|-----------------------------|--|-------------------------|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | |
| Full Name of Contributor Joeseh Lacey | | | | Registration Number, if PAC | | |
| Street Address 161 Huffman Ave. | | Employer Occupation Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45403 | M 0 8 | D 2 5 | Y 1 1 | Amount 50.00 |
| Full Name of Contributor Paul Robinson | | | | Registration Number, if PAC | | |
| Street Address 1647 Rockleigh Rd. | | Employer Occupation Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Centerville | State O H | Zip Code 48458 | M 0 8 | D 2 5 | Y 1 1 | Amount 100.00 |
| Full Name of Contributor Victoria Watson | | | | Registration Number, if PAC | | |
| Street Address 238 Beverly Pl. | | Employer Occupation Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45419 | M 0 8 | D 2 5 | Y 1 1 | Amount 50.00 |
| Full Name of Contributor Daniel Brandt | | | | Registration Number, if PAC | | |
| Street Address 2373 Appleblossom Dr. | | Employer Occupation Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Miamisburg | State O H | Zip Code 45342 | M 0 8 | D 2 6 | Y 1 1 | Amount 50.00 |
| Full Name of Contributor John Murphy | | | | Registration Number, if PAC | | |
| Street Address 3826 Cordell Dr. | | Employer Occupation Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Kettering | State O H | Zip Code 45439 | M 0 8 | D 2 7 | Y 1 1 | Amount 25.00 |
| Full Name of Contributor Sam Braun | | | | Registration Number, if PAC | | |
| Street Address 217 Wroe Ave. | | Employer Occupation Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45406 | M 0 8 | D 2 8 | Y 1 1 | Amount 100.00 |
| Full Name of Contributor Barbara Szutkowski | | | | Registration Number, if PAC | | |
| Street Address 237 Burtman Dr. | | Employer Occupation Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Troy | State M I | Zip Code 48083 | M 0 8 | D 2 8 | Y 1 1 | Amount 75.00 |
| Full Name of Contributor Kris Jackson | | | | Registration Number, if PAC | | |
| Street Address 127 E. Hillcrest | | Employer Occupation Labor Organization* | | | Form (Cash, Check, etc.) Cash | |
| City Dayton | State O H | Zip Code 45405 | M 0 8 | D 2 9 | Y 1 1 | Amount 20.00 |

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Statement of Contributions Received

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| | | | | | | | |
|---|---------------------|---|---------------|-----------------------------|---|-------------------------|--|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | | |
| Full Name of Contributor Mike Tenore | | | | Registration Number, if PAC | | | |
| Street Address 130 Puritan Pl. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45420 | M 0 | D 8 | Y 2 | Amount 50.00 | |
| Full Name of Contributor Doug Trout | | | | Registration Number, if PAC | | | |
| Street Address 9267 N. Creek Ln. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Centerville | State O H | Zip Code 45458 | M 0 | D 9 | Y 0 | Amount 100.00 | |
| Full Name of Contributor Teresa O'Connell | | | | Registration Number, if PAC | | | |
| Street Address 400 Avon Way | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45429 | M 0 | D 9 | Y 0 | Amount 50.00 | |
| Full Name of Contributor Charles Goodwin | | | | Registration Number, if PAC | | | |
| Street Address 1164 Walnut Valley Ln. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45458 | M 0 | D 9 | Y 0 | Amount 100.00 | |
| Full Name of Contributor Margaret Hamm | | | | Registration Number, if PAC | | | |
| Street Address 2785 E. Dorothy Ln. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45420 | M 0 | D 9 | Y 0 | Amount 100.00 | |
| Full Name of Contributor Troy Singer | | | | Registration Number, if PAC | | | |
| Street Address 715 Surperior Ave. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dayton | State O H | Zip Code 45402 | M 0 | D 9 | Y 0 | Amount 50.00 | |
| Full Name of Contributor Dawn Tindall | | | | Registration Number, if PAC | | | |
| Street Address 210 Old Salem Rd. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Electronic | | |
| City Dayton | State O H | Zip Code 45415 | M 0 | D 9 | Y 0 | Amount 25.00 | |
| Full Name of Contributor Richard Ward | | | | Registration Number, if PAC | | | |
| Street Address 219 Dellwood Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Electronic | | |
| City Dayton | State O H | Zip Code 45419 | M 0 | D 9 | Y 0 | Amount 100.00 | |

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Statement of Contributions Received

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| | | | | | | |
|---|---------------------|---|---------------|---|---|-------------------------|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | |
| Full Name of Contributor Scott Murphy | | | | Registration Number, if PAC | | |
| Street Address 44 Triangle Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Electronic | |
| City Dayton | State O H | Zip Code 45419 | M 0 | D 9 | Y 0 6 1 1 | Amount 100.00 |
| Full Name of Contributor Kery Gray | | | | Registration Number, if PAC | | |
| Street Address 3243 Ridge Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45414 | M 0 | D 9 | Y 0 7 1 1 | Amount 25.00 |
| Full Name of Contributor Citizens for Blackshear | | | | Registration Number, if PAC Local | | |
| Street Address 736 Argonne Dr. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45417 | M 0 | D 9 | Y 0 7 1 1 | Amount 100.00 |
| Full Name of Contributor Mark Cunningham | | | | Registration Number, if PAC | | |
| Street Address 6605 Sturgis Ct. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45424 | M 0 | D 9 | Y 0 8 1 1 | Amount 50.00 |
| Full Name of Contributor Doug Dempsey | | | | Registration Number, if PAC | | |
| Street Address 24 N. Westview Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45403 | M 0 | D 9 | Y 0 8 1 1 | Amount 25.00 |
| Full Name of Contributor Greg Flannagan | | | | Registration Number, if PAC | | |
| Street Address 337 Farrell Rd. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Vandalia | State O H | Zip Code 45377 | M 0 | D 9 | Y 0 9 1 1 | Amount 25.00 |
| Full Name of Contributor Linda Henderson | | | | Registration Number, if PAC | | |
| Street Address 4509 Larch Tree Ct. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45424 | M 0 | D 9 | Y 0 9 1 1 | Amount 25.00 |
| Full Name of Contributor Grover Thomas | | | | Registration Number, if PAC | | |
| Street Address 100 Willow Brook Wy S, Apt. 3007 | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Deleware | State O H | Zip Code 43015 | M 0 | D 9 | Y 1 0 1 1 | Amount 100.00 |

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Statement of Contributions Received

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| | | | | | | |
|---|---------------------|---|-----------------|---|---|-------------------------|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | |
| Full Name of Contributor Carolyn Rice | | | | Registration Number, if PAC | | |
| Street Address 1135 Green Tree Dr. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45429 | M 0 9 | D 1 3 | Y 1 1 | Amount 50.00 |
| Full Name of Contributor Jan Rudd | | | | Registration Number, if PAC | | |
| Street Address 6150 Locust Hill Rd. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45459 | M 0 9 | D 1 5 | Y 1 1 | Amount 100.00 |
| Full Name of Contributor Sarah Dressel | | | | Registration Number, if PAC | | |
| Street Address 16602 Capitol Plaza, Apt. 4 | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Omaha | State N E | Zip Code 68118 | M 0 9 | D 1 9 | Y 1 1 | Amount 100.00 |
| Full Name of Contributor Matthew Dunn | | | | Registration Number, if PAC | | |
| Street Address 24 Murray Dr. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45403 | M 0 9 | D 2 0 | Y 1 1 | Amount 25.00 |
| Full Name of Contributor Lauren Dikis | | | | Registration Number, if PAC | | |
| Street Address 37 Brown Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Electronic | |
| City Athens | State O H | Zip Code 45701 | M 0 9 | D 2 1 | Y 1 1 | Amount 100.00 |
| Full Name of Contributor Catherine Evans | | | | Registration Number, if PAC | | |
| Street Address 233 Wroe Ave. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45406 | M 0 9 | D 2 2 | Y 1 1 | Amount 25.00 |
| Full Name of Contributor Friends of Greg Brush | | | | Registration Number, if PAC Local | | |
| Street Address 3743 Whisper Creek Dr. | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45414 | M 0 9 | D 2 2 | Y 1 1 | Amount 100.00 |
| Full Name of Contributor Realtors Political Action Committee/OH | | | | Registration Number, if PAC CP401 | | |
| Street Address 200 E. Town Street | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State O H | Zip Code 43215 | M 0 9 | D 2 8 | Y 1 1 | Amount 500.00 |

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Statement of Contributions Received

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| | | | | | | | |
|---|---------------------|--------------------------|---|--|-----------------|--|--|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | | |
| Full Name of Contributor Ironworkers Local 290 | | | | Registration Number, if PAC 290 P.C.E. | | | |
| Street Address 606 Hillrose Ave. | | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dayton | State O H | Zip Code 45404 | M 1 0 | D 0 7 | Y 1 1 | Amount 50.00 | |
| Full Name of Contributor Ohio Association of Professional Fire Fighters | | | | Registration Number, if PAC Ohio Fire PCE - Entity #9700 | | | |
| Street Address 140 E. Town St., Suite #1225 | | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City Columbus | State O H | Zip Code 43215 | M 1 0 | D 1 3 | Y 1 1 | Amount 250.00 | |
| Full Name of Contributor Contributions from form No. 31-E | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M 1 0 | D 1 3 | Y 1 1 | Amount 3,335.11 | |
| 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 Friends of Nolan Thomas | | | | | | | |
| Full Name of Contributor Sinthy Taylor | | | | Registration Number, if PAC | | | |
| Street Address 1232 Harvard Blvd. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 5 1 1 | 25.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | | Zip Code 45406 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor James Codispoti | | | | | | | |
| Full Name of Contributor James Codispoti | | | | Registration Number, if PAC | | | |
| Street Address 987 Sharewood Ct. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 7 1 1 | 100.00 |
| City Kettering | | State <input type="radio"/> O <input type="radio"/> H | | Zip Code 45429 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor John Cumming | | | | | | | |
| Full Name of Contributor John Cumming | | | | Registration Number, if PAC | | | |
| Street Address 307 Southbrook Drive | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 8 1 1 | 75.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | | Zip Code 45459 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Rhine McLin | | | | | | | |
| Full Name of Contributor Rhine McLin | | | | Registration Number, if PAC | | | |
| Street Address 23 N. Paul L Dunbar St. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 8 1 1 | 25.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | | Zip Code 45402 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Dick Ward | | | | | | | |
| Full Name of Contributor Dick Ward | | | | Registration Number, if PAC | | | |
| Street Address 6449 Oakhurst Place | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2 8 1 1 | 100.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | | Zip Code 45414 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Carol Holm | | | | | | | |
| Full Name of Contributor Carol Holm | | | | Registration Number, if PAC | | | |
| Street Address 223 Hilltop Ave. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 3 0 1 1 | 25.00 |
| City Oakwood | | State <input type="radio"/> O <input type="radio"/> H | | Zip Code 45419 | | Form(Cash,Check,etc) Check | |
| Full Name of Contributor Tina Keough | | | | | | | |
| Full Name of Contributor Tina Keough | | | | Registration Number, if PAC | | | |
| Street Address 930 Debbie Ct. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 3 0 1 1 | 25.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | | Zip Code 45415 | | Form(Cash,Check,etc) Check | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 375.00

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 David Richards | | | | Registration Number, if PAC | | | |
| Street Address 5019 Keywest Dr. | | Employer Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 25.00 |
| City Huber Heights | | State O H | Zip Code 45424 | Form(Cash,Check,etc) Electronic | | | |
| Full Name of Contributor Mark Feuer | | | | Registration Number, if PAC | | | |
| Street Address 6617 Tiverton Cir. | | Employer Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 25.00 |
| City Centerville | | State O H | Zip Code 45459 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Scott Kozar | | | | Registration Number, if PAC | | | |
| Street Address 2827 15th St., NW #202 | | Employer Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 250.00 |
| City Washington | | State D C | Zip Code 20009 | Form(Cash,Check,etc) Electronic | | | |
| Full Name of Contributor Jeff Patzer | | | | Registration Number, if PAC | | | |
| Street Address 3809 Hillmont Ave. | | Employer Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 25.00 |
| City Dayton | | State O H | Zip Code 45402 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Helen Sheppard | | | | Registration Number, if PAC | | | |
| Street Address 4745 Wicklow | | Employer Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 50.00 |
| City Middletown | | State O H | Zip Code 45042 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Joel Thomas | | | | Registration Number, if PAC | | | |
| Street Address 3201 Sugar Pine Trl., Apt. 203 | | Employer Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 75.00 |
| City Durham | | State N C | Zip Code 27713 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Dawn Wojcik | | | | Registration Number, if PAC | | | |
| Street Address 147 E. Sunrise Ave. | | Employer Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 0 | 25.00 |
| City Trotwood | | State O H | Zip Code 45426 | Form(Cash,Check,etc) Check | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 475.00

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 Nedra Smolka | | | | Registration Number, if PAC | | | |
| Street Address 3171 Southdale Dr., Apt. 2 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 4 | 25.00 |
| City Dayton | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 45409 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Charlotte Vitali | | | | | | | |
| Street Address 164 Martha Ave. | | | | Registration Number, if PAC | | | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | |
| | | 1 | 0 | 4 | 25.00 | | |
| City Dayton | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 45458 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Amy Schrimpf | | | | | | | |
| Street Address 4573 James Madison Trl., N | | | | Registration Number, if PAC | | | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | |
| | | 1 | 0 | 4 | 75.00 | | |
| City Kettering | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 45440 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Paula Dare | | | | | | | |
| Street Address 6120 Suzanne Cir. | | | | Registration Number, if PAC | | | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | |
| | | 1 | 0 | 7 | 25.00 | | |
| City Dayton | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 45459 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Dennis Lieberman | | | | | | | |
| Street Address 15 W. 4th St. | | | | Registration Number, if PAC | | | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | |
| | | 1 | 0 | 7 | 200.00 | | |
| City Dayton | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 45402 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Kenneth Taylor | | | | | | | |
| Street Address 2700 Delmonte Ave. | | | | Registration Number, if PAC | | | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | |
| | | 1 | 0 | 8 | 50.00 | | |
| City Dayton | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 45419 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Margaret Hamm | | | | | | | |
| Street Address 2785 E. Dorothy Ln. | | | | Registration Number, if PAC | | | |
| Employer/Occupation/Labor Organization* | | M | D | Y | Amount | | |
| | | 1 | 0 | 9 | 75.00 | | |
| City Trotwood | | State <input type="radio"/> O <input checked="" type="radio"/> H | Zip Code 45420 | Form(Cash,Check,etc) Check | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 475.00

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 Matt Cox | | | Registration Number, if PAC | | | |
| Street Address 23 N. Quentin Ave. | Employer Occupation Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 1 | 75.00 |
| City Dayton | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45403 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Stephanie Clark | | | Registration Number, if PAC | | | |
| Street Address 1321 Tall Timber Tr. | Employer Occupation Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 1 | 25.00 |
| City Kettering | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45409 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Karl & Doris | | | Registration Number, if PAC | | | |
| Street Address 221 Watervliet Ave. | Employer Occupation Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 1 | 75.00 |
| City Dayton | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45420 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Celestine Mulheisen | | | Registration Number, if PAC | | | |
| Street Address 14123 Berkshire St. | Employer Occupation Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 1 | 100.00 |
| City Riverview | State <input type="radio"/> M <input type="radio"/> I | Zip Code 48193 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Michele Roberts | | | Registration Number, if PAC | | | |
| Street Address 1115 Wisconsin Blvd. | Employer Occupation Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 1 | 25.00 |
| City Dayton | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45408 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Evan Thomas | | | Registration Number, if PAC | | | |
| Street Address 1610 Waltham Rd. | Employer Occupation Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 1 | 20.11 |
| City Columbus | State <input type="radio"/> O <input type="radio"/> H | Zip Code 43221 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Michale Bock | | | Registration Number, if PAC | | | |
| Street Address 3808 Lefevre Dr. | Employer Occupation Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 1 | 35.00 |
| City Kettering | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45429 | Form(Cash,Check,etc) Check | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 355.11

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3.05

| Name of Committee in Full | | | | Registration Number, if PAC | | | |
|---|--|--|-------------------|-------------------------------|---|----|--------|
| Friends of Nolan Thomas | | | | | | | |
| Full Name of Contributor Alonzo Edmonds | | | | Registration Number, if PAC | | | |
| Street Address 3126 Valerie Arms Dr. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 12 | 75.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45405 | Form(Cash,Check,etc) Cash | | | |
| Full Name of Contributor Virginia Gehres | | | | Registration Number, if PAC | | | |
| Street Address 232 Wroe Ave. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 13 | 75.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45406 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Matt Becker | | | | Registration Number, if PAC | | | |
| Street Address 2311 S. Dixie Dr. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 13 | 25.00 |
| City Kettering | | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45409 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Sam Braun | | | | Registration Number, if PAC | | | |
| Street Address 217 Wroe Ave. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 13 | 25.00 |
| City Riverview | | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45406 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Greg Brush | | | | Registration Number, if PAC | | | |
| Street Address 3743 Whisper Creek Dr. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 13 | 75.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45414 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Mark Duckro | | | | Registration Number, if PAC | | | |
| Street Address 425 Bellaire Ave. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 13 | 75.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45420 | Form(Cash,Check,etc) Cash | | | |
| Full Name of Contributor Catherine Evans | | | | Registration Number, if PAC | | | |
| Street Address 233 Wroe Ave. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 13 | 25.00 |
| City Dayton | | State <input type="radio"/> O <input type="radio"/> H | Zip Code 45406 | 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 \$ 375.00

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 Robert Fowler | | | | Registration Number, if PAC | | |
| Street Address 1325 Foxglen Cir. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 13 | 11 25.00 |
| City Kettering | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Dalma Grandjean | | | | Registration Number, if PAC | | |
| Street Address 1593 Big Hill Rd. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 13 | 11 25.00 |
| City Kettering | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Michelle Grodner | | | | Registration Number, if PAC | | |
| Street Address 1203 Bay Harbour Cir. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 13 | 11 25.00 |
| City Centerville | State O H | Zip Code 45458 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Thalia Johnson | | | | Registration Number, if PAC | | |
| Street Address 2420 Shafer Blvd. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 13 | 11 25.00 |
| City Dayton | State O H | Zip Code 45419 | Form(Cash,Check,etc) Cash | | | |
| Full Name of Contributor Russ Joseph | | | | Registration Number, if PAC | | |
| Street Address 443 E. 6th St. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 13 | 11 25.00 |
| City Dayton | State O H | Zip Code 45403 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Walter Klepacz | | | | Registration Number, if PAC | | |
| Street Address 4840 Marybrook Dr. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 13 | 11 75.00 |
| City Kettering | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor James Koller | | | | Registration Number, if PAC | | |
| Street Address 1767 Grand Cypress Blvd. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | 1 | 0 | 13 | 11 75.00 |
| City Waynesville | State O H | Zip Code 45068 | 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 \$ 275.00

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 Joseph Lacey | | | | Registration Number, if PAC | | | |
| Street Address 161 Huffman Ave. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 40.00 |
| City Dayton | | State O H | Zip Code 45403 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor William Loy | | | | Registration Number, if PAC | | | |
| Street Address 241 Topton Dr. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 25.00 |
| City Vandalia | | State O H | Zip Code 45377 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor John Murphy | | | | Registration Number, if PAC | | | |
| Street Address 3826 Cordell Dr. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 25.00 |
| City Dayton | | State O H | Zip Code 45439 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Teresa O'Connell | | | | Registration Number, if PAC | | | |
| Street Address 400 Avon Way | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 25.00 |
| City Dayton | | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Mark Owens | | | | Registration Number, if PAC | | | |
| Street Address 3927 Saddle Ridge Cir. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 75.00 |
| City Dayton | | State O H | Zip Code 45424 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Doug Panstingel | | | | Registration Number, if PAC | | | |
| Street Address 4134 Grace Cir. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 25.00 |
| City Beavercreek | | State O H | Zip Code 45431 | Form(Cash,Check,etc) Cash | | | |
| Full Name of Contributor David Parker | | | | Registration Number, if PAC | | | |
| Street Address 1950 Laddie Ct. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 25.00 |
| City Xenia | | State O H | Zip Code 45385 | 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 \$ 240.00

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 George Patricoff | | | Registration Number, if PAC | | | | |
| Street Address 2149 Oak Tree Dr. E | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 50.00 |
| City Kettering | State O H | Zip Code 45440 | Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Paul Robinson | | | Registration Number, if PAC | | | | |
| Street Address 1647 Rockleigh Rd. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 25.00 |
| City Centerville | State O H | Zip Code 45458 | Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Fredrick Schindler | | | Registration Number, if PAC | | | | |
| Street Address 5324 Oakbrooke Dr. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 50.00 |
| City Kettering | State O H | Zip Code 45440 | Form(Cash,Check,etc) Cash | | | | |
| Full Name of Contributor Jill Sink | | | Registration Number, if PAC | | | | |
| Street Address 9520 Haber Rd. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 100.00 |
| City Clayton | State O H | Zip Code 45413 | Form(Cash,Check,etc) Cash | | | | |
| Full Name of Contributor Cathy Startzman | | | Registration Number, if PAC | | | | |
| Street Address 998 Marycrest Ln. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 25.00 |
| City Dayton | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Susan Thomas | | | Registration Number, if PAC | | | | |
| Street Address 4455 Wehner Rd. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 150.00 |
| City Dayton | State O H | Zip Code 45429 | Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor AJ Wagner | | | Registration Number, if PAC | | | | |
| Street Address 7 Stonemill Rd. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 75.00 |
| City Dayton | State O H | Zip Code 45409 | Form(Cash,Check,etc) Check | | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 475.00

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 Simon Ward | | | Registration Number, if PAC | | | | |
| Street Address 1120 Chelsea Ave. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 50.00 |
| City Dayton | State O H | Zip Code 45420 | Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Richard Ward | | | Registration Number, if PAC | | | | |
| Street Address 219 Dellwood Ave | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 50.00 |
| City Dayton | State O H | Zip Code 45419 | Form(Cash,Check,etc) Cash | | | | |
| Full Name of Contributor Victoria Watson | | | Registration Number, if PAC | | | | |
| Street Address 238 Beverly Pl. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 25.00 |
| City Dayton | State O H | Zip Code 45419 | Form(Cash,Check,etc) Cash | | | | |
| Full Name of Contributor Cynthia Westwood | | | Registration Number, if PAC | | | | |
| Street Address 1954 Bull Rd. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 25.00 |
| City Farmersville | State O H | Zip Code 45325 | Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Ryan Wood | | | Registration Number, if PAC | | | | |
| Street Address 1822 Shroyer Rd. Apt. A | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 13 | 11 | 50.00 |
| City Dayton | State O H | Zip Code 45419 | Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Jean Laviolette | | | Registration Number, if PAC | | | | |
| Street Address 209 Water Ave. | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 14 | 11 | 40.00 |
| City Oscoda | State M I | Zip Code 48750 | Form(Cash,Check,etc) Check | | | | |
| Full Name of Contributor Charlie Bowling | | | Registration Number, if PAC | | | | |
| Street Address 1027 Diana Ave | Employer/Occupation/Labor Organization* | | M | D | Y | Amount | |
| | | | 1 | 0 | 17 | 11 | 50.00 |
| City Miamisburg | State O H | Zip Code 45342 | Form(Cash,Check,etc) Check | | | | |

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event
3,335.11

Total expenditures this event
241.20

Page Total \$ 290.00

Statement of Expenditures

Prescribed by Secretary of State 2 01

| | | | | | | |
|---|--|---------------------|--|--------------------------------------|---|-------------------------|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | |
| To Whom Paid Day-Air Credit Union | | | M | D | Y | Amount 14.80 |
| Address 3501 Wilimington Pike | | | Purpose Check Order | | | |
| City Kettering | | State O H | Zip Code 45429 | Check Number Bank Transfer | | |
| To Whom Paid Montgomery County Board of Elections | | | M | D | Y | Amount 45.00 |
| Address 451 W. Third St. | | | Purpose Filing Fee | | | |
| City Dayton | | State O H | Zip Code 45422 | Check Number 1001 | | |
| To Whom Paid United States Postal Service | | | M | D | Y | Amount 93.00 |
| Address 111 E 5th St. | | | Purpose General Postage | | | |
| City Dayton | | State O H | Zip Code 45401 | Check Number 1002 | | |
| To Whom Paid Paypal | | | M | D | Y | Amount 3.20 |
| Address 2211 N. First St. | | | Purpose Electronic Usage Fee | | | |
| City San Jose | | State C A | Zip Code 95131 | Check Number Debit | | |
| To Whom Paid Melissa Carito | | | M | D | Y | Amount 200.00 |
| Address 40 Pleasant Ct. | | | Purpose Website Design (nolanthomas.com) | | | |
| City Monroe | | State O H | Zip Code 45050 | Check Number 1005 | | |
| To Whom Paid Louis Chmiel | | | M | D | Y | Amount 228.00 |
| Address 1022 Carlile Ave. | | | Purpose Nolan Thomas for Kettering City Council T-Shirts | | | |
| City Dayton | | State O H | Zip Code 45420 | Check Number 1004 | | |
| To Whom Paid Dayton Printery | | | M | D | Y | Amount 934.11 |
| Address 6550 Poe Ave. | | | Purpose Campaign Literature | | | |
| City Dayton | | State O H | Zip Code 45414 | Check Number 1006 | | |
| To Whom Paid Paypal | | | M | D | Y | Amount 5.68 |
| Address 2211 N. First St. | | | Purpose Electronic Usage Fee | | | |
| City San Jose | | State C A | Zip Code 95131 | Check Number Debit | | |

Statement of Expenditures

Prescribed by Secretary of State 2.01

| | | | | | | | | |
|---|--------------------|---|------------------------------|---|---|----|--------|--------|
| Name of Committee in Full Friends of Nolan Thomas | | | | | | | | |
| To Whom Paid Paypal | | | | M | D | Y | Amount | |
| | | | | 0 | 9 | 06 | 11 | 3.20 |
| Address 2211 N. First St. | | Purpose Electronic Usage Fee | | | | | | |
| City San Jose | State CA | Zip Code 95131 | Check Number Debit | | | | | |
| To Whom Paid My Campaign Store | | | | M | D | Y | Amount | |
| | | | | 0 | 9 | 14 | 11 | 669.00 |
| Address 902 E. Court St. | | Purpose Yard Signs | | | | | | |
| City Jeffersonville | State IN | Zip Code 47130 | Check Number 1007 | | | | | |
| To Whom Paid Dayton Printery | | | | M | D | Y | Amount | |
| | | | | 0 | 9 | 15 | 11 | 148.73 |
| Address 6550 Poe Ave. | | Purpose Campaign Kettering/OSU Football Schedules | | | | | | |
| City Dayton Printery | State OH | Zip Code 45414 | Check Number 1008 | | | | | |
| To Whom Paid Paypal | | | | M | D | Y | Amount | |
| | | | | 0 | 9 | 21 | 11 | 3.20 |
| Address 2211 N. First St. | | Purpose Electronic Usage Fee | | | | | | |
| City San Jose | State CA | Zip Code 95131 | Check Number Debit | | | | | |
| To Whom Paid Dayton Printery | | | | M | D | Y | Amount | |
| | | | | 1 | 0 | 06 | 11 | 406.60 |
| Address 6550 Poe Ave. | | Purpose Campaign Literature | | | | | | |
| City Dayton | State OH | Zip Code 45414 | Check Number 1013 | | | | | |
| To Whom Paid United States Postal Service | | | | M | D | Y | Amount | |
| | | | | 1 | 0 | 07 | 11 | 146.00 |
| Address 111 E 5th St. | | Purpose General Postage | | | | | | |
| City Dayton | State OH | Zip Code 45401 | Check Number 1014 | | | | | |
| To Whom Paid United States Postal Service | | | | M | D | Y | Amount | |
| | | | | 1 | 0 | 14 | 11 | 102.00 |
| Address 111 E 5th St. | | Purpose General Postage | | | | | | |
| City Dayton | State OH | Zip Code 45401 | Check Number 1015 | | | | | |
| To Whom Paid Expenditures from Form 31-F | | | | M | D | Y | Amount | |
| | | | | 1 | 0 | 13 | 11 | 241.20 |
| Address | | Purpose | | | | | | |
| City | State | Zip Code | Check Number | | | | | |

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 Matthew Cox | | | | M | D | Y | Amount |
| | | | | 0 | 9 | 1 | 7.48 |
| Address 23 N Quentin Ave. | | Purpose Paper for Fundraiser | | | | | |
| City Dayton | State O H | Zip Code 45403 | Check Number 1011 | | | | |
| To Whom Paid United States Postal Service | | | | M | D | Y | Amount |
| | | | | 0 | 9 | 1 | 102.00 |
| Address 111 E 5th St. | | Purpose General Postage | | | | | |
| City Dayton | State O H | Zip Code 45401 | Check Number 1009 | | | | |
| To Whom Paid Gen Murphy | | | | M | D | Y | Amount |
| | | | | 0 | 9 | 1 | 24.16 |
| Address 408 E. 6th St. | | Purpose Paper for Fundraiser | | | | | |
| City Dayton | State O H | Zip Code 45402 | Check Number 1010 | | | | |
| To Whom Paid United States Postal Service | | | | M | D | Y | Amount |
| | | | | 0 | 9 | 1 | 93.00 |
| Address 111 E 5th St. | | Purpose General Postage | | | | | |
| City Dayton | State O H | Zip Code 45401 | Check Number 1012 | | | | |
| To Whom Paid Paypal | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 1.03 |
| Address 2211 N. First St. | | Purpose Electronic Usage Fee | | | | | |
| City San Jose | State C A | Zip Code 95131 | Check Number Debit | | | | |
| To Whom Paid Paypal | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 7.55 |
| Address 2211 N. First St. | | Purpose Electronic Usage Fee | | | | | |
| City San Jose | State C A | Zip Code 95131 | Check Number Debit | | | | |
| To Whom Paid Paypal | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 4.23 |
| Address 2211 N. First St. | | Purpose Electronic Usage Fee | | | | | |
| City San Jose | State C A | Zip Code 95131 | Check Number Debit | | | | |

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.

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 Paypal | | | | M | D | Y | Amount |
| | | | | 1 | 0 | 1 | 1.75 |
| Address 2211 N. First St. | | Purpose Electronic Usage Fee | | | | | |
| City San Jose | | State C A | | Zip Code 95131 | | Check Number Debit | |
| 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 | |
| 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 | |
| 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 | |

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.

In-Kind Contributions Received

Prescribed by Secretary of State 3-05

| | | | |
|--|---|---|------------------------------------|
| Name of Committee in Full Friends of Nolan Thomas | | | |
| Full Name of Contributor Nolan Thomas | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address 2724 Delmonte Ave. | Description of Item or Service Financial Statement | M D Y 1 0 0 6 1 1 | Fair Market Value 35.00 |
| City Kettering | State Zip Code <input type="radio"/> O <input checked="" type="radio"/> H 45419 | Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| Full Name of Contributor Christopher's Restaurant Catering | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address 2318 E. Dorothy Ln. | Description of Item or Service Food/Room Rental/Deliv. | M D Y 1 0 1 3 1 1 | Fair Market Value 842.50 |
| City Kettering | State Zip Code <input type="radio"/> O <input checked="" type="radio"/> H 45420 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor Meg Cole | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address 819 Fourman Ct., Apt. 7 | Description of Item or Service Fundrasier Supplies | M D Y 1 0 1 3 1 1 | Fair Market Value 77.20 |
| City Dayton | State Zip Code <input type="radio"/> O <input checked="" type="radio"/> H 45410 | Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Full Name of Contributor | Employer, Occupation, Labor Organization * | Registration Number, if PAC | |
| Street Address | Description of Item or Service | M D Y | Fair Market Value |
| City | State Zip Code | Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

* 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 Other Income

Prescribed by Secretary of State 2-01

| | | | | | |
|---|--------------------|--------------------------|---------------------------------------|---------------|----------------|
| Name of Committee in Full Friends of Nolan Thomas | | | | | |
| Full Name Paypal | | | Registration Number, if PAC | | |
| Address 2211 N. First St. | Type* IN | | M 0 | D 8 | Y 11 |
| | | | Amount 0.24 | | |
| City San Jose | State CA | Zip Code 95131 | Form(Cash,Check,etc) Credit | | |
| Full Name | | | | | |
| Address | | | Registration Number, if PAC | | |
| Type* | | | M | D | Y |
| City | | | Form(Cash,Check,etc) | | |
| State | | | Zip Code | | |
| Full Name | | | | | |
| Address | | | Registration Number, if PAC | | |
| Type* | | | M | D | Y |
| City | | | Form(Cash,Check,etc) | | |
| State | | | Zip Code | | |
| Full Name | | | | | |
| Address | | | Registration Number, if PAC | | |
| Type* | | | M | D | Y |
| City | | | Form(Cash,Check,etc) | | |
| State | | | Zip Code | | |
| Full Name | | | | | |
| Address | | | Registration Number, if PAC | | |
| Type* | | | M | D | Y |
| City | | | Form(Cash,Check,etc) | | |
| State | | | Zip Code | | |
| Full Name | | | | | |
| Address | | | Registration Number, if PAC | | |
| Type* | | | M | D | Y |
| City | | | Form(Cash,Check,etc) | | |
| State | | | Zip Code | | |
| Full Name | | | | | |
| Address | | | Registration Number, if PAC | | |
| Type* | | | M | D | Y |
| City | | | Form(Cash,Check,etc) | | |
| State | | | Zip Code | | |
| Full Name | | | | | |
| Address | | | Registration Number, if PAC | | |
| Type* | | | M | D | Y |
| City | | | Form(Cash,Check,etc) | | |
| State | | | Zip Code | | |

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