

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

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|--|---|--------------------------|--------------------------------------|-----------------------------|-------------------------|
| Name of Committee in Full Thomas Haves for Judge Committee | | | | | |
| Full Name of Contributor Sheryl Munson | | | | Registration Number, if PAC | |
| Street Address 3700 Rivervail Dr. | Employer/Occupation/Labor Organization* | | M 0 | D 4 | Y 14 |
| City Columbus | State OH | Zip Code 43221 | Form(Cash,Check,etc) Check | | Amount 50.00 |
| Full Name of Contributor Zachary Olah | | | | Registration Number, if PAC | |
| Street Address 7637 Dover Ridge Dr. | Employer/Occupation/Labor Organization* | | M 0 | D 4 | Y 14 |
| City Blacklick | State OH | Zip Code 43009 | Form(Cash,Check,etc) Cash | | Amount 20.00 |
| Full Name of Contributor Krista O'Neill | | | | Registration Number, if PAC | |
| Street Address 112 Olentangy St. | Employer/Occupation/Labor Organization* | | M 0 | D 4 | Y 14 |
| City Columbus | State OH | Zip Code 43202 | Form(Cash,Check,etc) Check | | Amount 50.00 |
| Full Name of Contributor Priscilla Roberge | | | | Registration Number, if PAC | |
| Street Address 372 Cumberland Dr. | Employer/Occupation/Labor Organization* | | M 0 | D 4 | Y 14 |
| City Whitehall | State OH | Zip Code 43213 | Form(Cash,Check,etc) Check | | Amount 50.00 |
| Full Name of Contributor Sarah Schregardus | | | | Registration Number, if PAC | |
| Street Address 208 Leland Ave. | Employer/Occupation/Labor Organization* | | M 0 | D 4 | Y 14 |
| City Columbus | State OH | Zip Code 43214 | Form(Cash,Check,etc) Check | | Amount 50.00 |
| Full Name of Contributor Crabbe, Brown & James LLP | | | | Registration Number, if PAC | |
| Street Address 500 S. Front St. | Employer/Occupation/Labor Organization* | | M 0 | D 4 | Y 14 |
| City Columbus | State OH | Zip Code 43215 | Form(Cash,Check,etc) Check | | Amount 250.00 |
| Full Name of Contributor Jodi Thomas | | | | Registration Number, if PAC | |
| Street Address 1163 Gwvndale Dr. | Employer/Occupation/Labor Organization* | | M 0 | D 4 | Y 14 |
| City New Albany | State OH | Zip Code 43054 | Form(Cash,Check,etc) Check | | Amount 50.00 |

* 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)]

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 \$ 520.00