

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Thomas Haves for Judge Committee				
Full Name of Contributor Jonathan Tvack: Tyack, Blackmore, Liston & Nigh, LPA			Registration Number, if PAC .	
Street Address 536 S. High St.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Sean Boyle			Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Greg Quickel			Registration Number, if PAC	
Street Address 8158 Shannon Glen Blvd.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 1 4	Amount 20.00
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Cash	
Full Name of Contributor Cassidy Calkins			Registration Number, if PAC	
Street Address 4333 Reed Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Cash	
Full Name of Contributor Brandon Shroy			Registration Number, if PAC	
Street Address 492 S. High St.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 1 4	Amount 90.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Catherine Worley			Registration Number, if PAC	
Street Address 15208 S. Perry Rd.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 1 4	Amount 20.00
City Laurelville	State O H	Zip Code 43135	Form(Cash,Check,etc) Cash	
Full Name of Contributor Stan Drzewiecki			Registration Number, if PAC	
Street Address 1535 Runaway Bay Dr.	Employer/Occupation/Labor Organization*		M D Y 1 0 0 9 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Cash	

* 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

0.00

Page Total \$ 480.00