

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 Steve Larson				Registration Number, if PAC	
Street Address 4967 Smoketalk Ln.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 200.00
City Westerville	State O H	Zip Code 43081		Form(Cash,Check,etc) Check	
Full Name of Contributor Angela Wiley				Registration Number, if PAC	
Street Address 3179 Fontaine Rd.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 190.00
City Columbus	State O H	Zip Code 43232		Form(Cash,Check,etc) Check	
Full Name of Contributor Shad Phipps				Registration Number, if PAC	
Street Address 4333 Reed Rd.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 200.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc)	
Full Name of Contributor Mark Miller				Registration Number, if PAC	
Street Address 555 City Park Ave.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Cecily Ferris				Registration Number, if PAC	
Street Address 676 Mohawk St.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor David Goldstein				Registration Number, if PAC	
Street Address 150 S. Roosevelt Ave.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 100.00
City Bexlev	State O H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Stacy Sydow: Sydow Leis LLC				Registration Number, if PAC	
Street Address 155 W. Main St., Ste. 200A	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215		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

0.00

Page Total \$ 990.00