

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 Jodi Thomas			Registration Number, if PAC .			
Street Address 1163 Gwyndale Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14	Amount 50.00
City New Albany	State O H	Zip Code 43054	Form(Cash,Check,etc) Check			
Full Name of Contributor Amy Priddy			Registration Number, if PAC			
Street Address 3412 Smileys Cor.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14	Amount 50.00
City Hilliard	State O H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Hughes			Registration Number, if PAC			
Street Address 60 N. Cassidy Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14	Amount 40.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Cecily Ferris			Registration Number, if PAC			
Street Address 601 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14	Amount 40.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Committee for Kim Brown			Registration Number, if PAC			
Street Address 106 N. High St., #604	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Rebecca Pokorski			Registration Number, if PAC			
Street Address 12894 Maple Ridge Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14	Amount 25.00
City Milford Center	State O H	Zip Code 43045	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 0	D 7	Y 14	Amount 25.00
City Columbus	State O H	Zip Code 43232	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 \$ 480.00