

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 Cathy Kurila				Registration Number, if PAC .	
Street Address 49 Tibet Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kevin Mulrane				Registration Number, if PAC	
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Norman Anderson				Registration Number, if PAC	
Street Address 295 Stewart Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Sean Boyle				Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Citizens for Stinziano				Registration Number, if PAC	
Street Address 550 E. Walnut St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Deborah Murrav				Registration Number, if PAC	
Street Address 835 Strimple Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43229	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Brian Ross: Ross & Midian				Registration Number, if PAC	
Street Address 309 S. Fourth St., Ste. 100	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00

* 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

1750.00

Total expenditures this event

535.50

Page Total \$ **1,250.00**