

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 Rick Abraham				Registration Number, if PAC	
Street Address 24 N. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Nina Belli				Registration Number, if PAC	
Street Address 1472 W. 6th Ave.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Columbus	State OH	Zip Code 43206	Form(Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor George Breitmayer III				Registration Number, if PAC	
Street Address 182 Corbins Mill Dr.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Dublin	State OH	Zip Code 43017	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Eleana Drakatos: Yacobozzi Drakatos LLC				Registration Number, if PAC	
Street Address 1243 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Columbus	State OH	Zip Code 43206	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Mark Granger: Granger Co., LPA				Registration Number, if PAC	
Street Address 132 Northwoods Blvd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Columbus	State OH	Zip Code 43235	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Harvey Handler: SMDHLS Bonding Co., LLC				Registration Number, if PAC	
Street Address 571 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Eric Hoffman				Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 2
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Cash		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 \$ 600.00