

Event Date 3-6-14Page 5

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 Mark Hunt, Attorney at Law						Registration Number, if PAC	
Street Address 720 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Jason Inman						Registration Number, if PAC	
Street Address 3179 Fontaine Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	60.00
City Columbus		State O H	Zip Code 43232	Form(Cash,Check,etc) Cash			
Full Name of Contributor Albert Iosue						Registration Number, if PAC	
Street Address 5793 Walterwav Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	200.00
City Hilliard		State O H	Zip Code 43026	Form(Cash,Check,etc) Check			
Full Name of Contributor Charles Jones						Registration Number, if PAC	
Street Address 4417 Zachary Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	50.00
City Dublin		State O H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Joslyn Law Office - Brian Joslyn						Registration Number, if PAC	
Street Address 901 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Joslyn Law Firm		0	3	0	100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Richard Kalb						Registration Number, if PAC	
Street Address 974 Wvandt Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	25.00
City Bucyrus		State O H	Zip Code 44820	Form(Cash,Check,etc) Check			
Full Name of Contributor John Keeling						Registration Number, if PAC	
Street Address 679 Overbrook Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	100.00
City Columbus		State O H	Zip Code 43214	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 \$ 635.00