31-E
R.C. 3517.10(B)

Event Date 6/6/14
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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	Registration Number, if PAC					
Craigg Gould						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1111 Grandview Ave.		06	06	14	500.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43212	Check			
Full Name of Contributor	**Registration Number, if PAC**					
Karen Held Phipps						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
4333 Reed Rd.		06	06	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43220	Check			
Full Name of Contributor	**Registration Number, if PAC**					
James Herlihy						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1899 W. Third Ave.		06	06	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43212	Cash			
Full Name of Contributor	**Registration Number, if PAC**					
Jason Kay						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1480 Mulford Rd.		06	06	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43212	Check			
Full Name of Contributor	**Registration Number, if PAC**					
Roger Koeck						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
6257 Emberwood Rd.		06	06	14	75.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Dublin	OH	43017	Check			
Full Name of Contributor	**Registration Number, if PAC**					
Mike Leach						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1449 Arlington Ave.		06	06	14	300.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43221	Check			
Full Name of Contributor	**Registration Number, if PAC**					
Kathleen Lithgow						
Street Address	**Employer/Occupation/Labor Organization***	**M**	**D**	**Y**	**Amount**	
1226 Parkway Dr.		06	06	14	100.00	
City	**State**	**Zip Code**	**Form(Cash,Check,etc)**			
Columbus	OH	43017	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 $ 1,275.00