

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 Marv Cain				Registration Number, if PAC .	
Street Address 1733 S. High St.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 40.00
City Columbus	State O H	Zip Code 43207		Form(Cash,Check,etc) Cash	
Full Name of Contributor Michael Silberstein				Registration Number, if PAC	
Street Address 1093 Fountain Lane, Apt. D	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43213		Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph Gibson				Registration Number, if PAC	
Street Address 625 S. Lazelle St.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Marcus Van Wev				Registration Number, if PAC	
Street Address 516 Elsmere St.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Stephanie Thompson				Registration Number, if PAC	
Street Address 3136 Capstone Way	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Katherin Keenan				Registration Number, if PAC	
Street Address 1247 Forsythe Ave.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43201		Form(Cash,Check,etc) Check	
Full Name of Contributor Richanne Zvmkoski				Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43207		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 \$ 340.00