

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 Scott Shaw				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 130	Employer/Occupation/Labor Organization*		M 0	D 5	Y 14
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check		
Amount 150.00					
Full Name of Contributor Greg Slemmer					
Street Address 1188 S. High St.				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43206	M 0	D 5	Y 14
Form(Cash, Check, etc) Check			Amount 200.00		
Full Name of Contributor David Thomas					
Street Address 511 S. High St.				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43215	M 0	D 5	Y 14
Form(Cash, Check, etc) Check			Amount 100.00		
Full Name of Contributor Kristie Williams					
Street Address 1100 Oxfordshire Dr.				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43228	M 0	D 5	Y 14
Form(Cash, Check, etc) Check			Amount 150.00		
Full Name of Contributor Richanne Zymkoski					
Street Address 2128 Poplar St.				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43207	M 0	D 5	Y 14
Form(Cash, Check, etc) Check			Amount 50.00		
Full Name of Contributor Harvey Handler - SMDHLS Bonding LLC					
Street Address 571 S. High St.				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43215	M 0	D 5	Y 14
Form(Cash, Check, etc) Check			Amount 150.00		
Full Name of Contributor					
Street Address				Employer/Occupation/Labor Organization*	
City	State	Zip Code	M	D	Y
Form(Cash, Check, etc)			Amount		

* 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 \$ **800.00**