Event Date	4-17-14
Page	<u>i</u>

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05			
Name of Committee in Full			··		
Thomas Haves for Judge Committee	<u> </u>				
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC		
Peter Binning					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
<u>5</u> 92 S. Third St.			0 4 1 7 1 4	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	0 ! H	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Dustin Blake					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	<del>-</del>	
580 S. High St., Suite 200			0 4 1 7 1 4	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O   H	43215	Check		
Full Name of Contributor	<u>-</u> _		Registration Number, if PAC		
Michael Bockbrader					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
1222 Lincoln Rd.	,		0 4 1 7 1 4	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Grandview Heights	_ O H	43212	Check		
Full Name of Contributor		•	Registration Number, if PAC		
James Brim					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount	·-	
2405 McCutcheon Rd.			0 4 1 7 1 4	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	0   H	43219	Cash		
Full Name of Contributor Registration Number, if PAC					
Phil Churchill					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
12341 Monkey Hollow Rd.			0 4 1 7 1 4	20.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Sunbury	OIH	43074	Cash		
Full Name of Contributor			Registration Number, if PAC	<b>/</b>	
Mark Collins			<u> </u>		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
492 S. High St., 3rd Floor			0 4 1 7 1 4	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OlH	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Lou Friscoe					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
1623 Glenn Ave.			0 4 1 7 1 4	40.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43212	Cash		

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.

lotal contributions this event	
2545.00	

otal expenditures this event			
0			

Page Total \$_	460.00
----------------	--------

<sup>\*</sup> 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)]