

Event Date	<u>6/6/14</u>
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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 John Allison			Registration Number, if PAC	
Street Address 963 Dennison Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43201	Form(Cash, Check, etc) Check	
Full Name of Contributor Mick Amicon			Registration Number, if PAC	
Street Address 1280 Northwest Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form(Cash, Check, etc) Check	
Full Name of Contributor Todd Barstow			Registration Number, if PAC	
Street Address 616 Monticello Ct.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 50.00
City Pataskala	State O H	Zip Code 43062	Form(Cash, Check, etc) Check	
Full Name of Contributor Robert Bernard			Registration Number, if PAC	
Street Address 3387 Shattuck Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 200.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor Paul Brousil			Registration Number, if PAC	
Street Address 6221 Barley Oaks Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 200.00
City Hilliard	State O H	Zip Code 43026	Form(Cash, Check, etc) Check	
Full Name of Contributor Bill Burchfield			Registration Number, if PAC	
Street Address 1106 W. Second Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 40.00
City Columbus	State O H	Zip Code 43212	Form(Cash, Check, etc) Cash	
Full Name of Contributor Joseph Buscemi			Registration Number, if PAC	
Street Address 1411 Haines Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43212	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 \$ 740.00