

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 Mary Duffey			Registration Number, if PAC .		
Street Address 4740 Hayden Run Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Neil Rosenberg			Registration Number, if PAC		
Street Address 400 S. 5th St., Ste. 301	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Todd Barstow			Registration Number, if PAC		
Street Address 616 Monticello Ct.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Pataskala	State OH	Zip Code 43062	Form(Cash,Check,etc)		Amount 50.00
Full Name of Contributor Donald Kline			Registration Number, if PAC		
Street Address 100 E. Main St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jason Despetorich			Registration Number, if PAC		
Street Address 100 E. Main St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor George Leach			Registration Number, if PAC		
Street Address 100 E. Main St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Phillip Templeton			Registration Number, if PAC		
Street Address 500 S. Front St., Ste. 1200	Employer/Occupation/Labor Organization*		M 0	D 8	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 500.00