

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 Norman Anderson				Registration Number, if PAC	
Street Address 295 Stewart Ave.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 14
City Columbus	State OH	Zip Code 43206	Amount 150.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Frederick Benton				Registration Number, if PAC	
Street Address 98 Hamilton Park	Employer/Occupation/Labor Organization*		M 0	D 5	Y 14
City Columbus	State OH	Zip Code 43203	Amount 250.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor David Devillers				Registration Number, if PAC	
Street Address 7610 Alpath Rd.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 14
City New Albany	State OH	Zip Code 43054	Amount 50.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Jeremy Dodgion				Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 14
City Columbus	State OH	Zip Code 43206	Amount 500.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Thomas Gjostein				Registration Number, if PAC	
Street Address 6720 Hayhurst St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 14
City Worthington	State OH	Zip Code 43085	Amount 150.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Ritchey Hollenbaugh - CPM Law PAC				Registration Number, if PAC OH1505	
Street Address 366 E. Broad St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 14
City Columbus	State OH	Zip Code 43215	Amount 250.00		
Form(Cash, Check, etc) Check					
Full Name of Contributor Joseph Mas				Registration Number, if PAC	
Street Address 330 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 5	Y 14
City Columbus	State OH	Zip Code 43215	Amount 100.00		
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 \$ 1,450.00