

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 Sarkis Mahdasian			Registration Number, if PAC	
Street Address 1178 Hope 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	
Full Name of Contributor Daniel Matec-Kosak			Registration Number, if PAC	
Street Address 955 McInain Rd.	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) Cash	
Full Name of Contributor Margaret McIntosh			Registration Number, if PAC	
Street Address 1163 Wvandotte Rd.	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) Cash	
Full Name of Contributor Christopher Minnillo			Registration Number, if PAC	
Street Address 1500 W. Third Ave., Suite 210	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 200.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	
Full Name of Contributor Jeff Moore			Registration Number, if PAC	
Street Address 100 E. Main St.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Cash	
Full Name of Contributor Sarah Persinger			Registration Number, if PAC	
Street Address 1333 W. 2nd Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 20.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Cash	
Full Name of Contributor Molly Philipps			Registration Number, if PAC	
Street Address 1418 W. 1st 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 \$ 520.00