Event Date	6/6/14
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05			
Name of Committee in Full					
Thomas Haves for Judge Committee					
Full Name of Contributor			Registration Number, if PAC	Registration Number, if PAC	
Robert Prosser					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
49 Tibet Rd.			0 6 0 6 1 4	25.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$\frac{101H}{}$	43202	Check		
Full Name of Contributor			Registration Number, if PAC		
William Reisenberger					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
1132 Grandview Ave.	<u> </u>		0 6 0 6 1 4	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OIH	43212	Check		
Full Name of Contributor			Registration Number, if PAC		
Richard Ross					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
1486 Mulford Rd.	<u>į</u>	·	0 6 0 6 1 4	75.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43212	Check		
Full Name of Contributor			Registration Number, if PAC		
Matthew Sauer: Sauer & Associates		·			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
PO Box 09051	j		0 6 0 6 1 4	<i>7</i> 5.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43209	Check		
Full Name of Contributor			Registration Number, if PAC		
David Schmied					
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
1451 Haines Ave.			0 6 0 6 1 4	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43212	Check		
Full Name of Contributor			Registration Number, if PAC		
Laura Swanson: Columbus Apartment	: Assoc. PA	<u>C </u>	OH146		
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
1225 Dublin Rd.	<u> </u>		016 0 6 1 4	250.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43215	Check		
Full Name of Contributor		- -	Registration Number, if PAC		
Richard Swanson					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
1215 Parkway North			0 6 0 6 1 4	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43212	Check		

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 \$ 675.00
		

^{*} 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)]