

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 Chase Mallory: Luftman, Heck & Assoc.				Registration Number, if PAC .	
Street Address 580 E. Rich St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jeremy Dodgion				Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Paul Trinh				Registration Number, if PAC	
Street Address 1675 Old Henderson Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Cash		Amount 20.00
Full Name of Contributor Scott Weisman				Registration Number, if PAC	
Street Address 4019 Clarendon Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Phoenix	State AZ	Zip Code 85018	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Greg Quickel				Registration Number, if PAC	
Street Address 8158 Shannon Glen Blvd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Michael Probst				Registration Number, if PAC	
Street Address 2020 Pevensev Ct.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Marco Miller				Registration Number, if PAC	
Street Address 6293 Ballmer Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Canal Winchester	State OH	Zip Code 43110	Form(Cash,Check,etc) Credit Card		Amount 50.00

* 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 \$ 395.00