

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 Julie Van De Mark				Registration Number, if PAC	
Street Address 481 E. Sycamore St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Julia White				Registration Number, if PAC	
Street Address 1538 Arlington Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Mitch Williams				Registration Number, if PAC	
Street Address 1397 Broadview Ave., Apt. 9	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Keith Yaezel				Registration Number, if PAC	
Street Address 905 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Marv Younger				Registration Number, if PAC	
Street Address 215 Whittier St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor David Zeven				Registration Number, if PAC	
Street Address 596 E. Stanton Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Richanne Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14
City Columbus	State OH	Zip Code 43207	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)(+)]

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

2,565.00

Total expenditures this event

0.00

Page Total \$

775.00