

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 Kevin Mulrane			Registration Number, if PAC	
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Shervl Munson			Registration Number, if PAC	
Street Address 3700 Rivervail Dr.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Deborah Murphv			Registration Number, if PAC	
Street Address 835 Strimple Ave.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43229	Form(Cash,Check,etc) Check	
Full Name of Contributor Mahlon Nowland			Registration Number, if PAC	
Street Address 820 Morning St.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 200.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor Zachary Olah			Registration Number, if PAC	
Street Address 7637 Dover Ridge Dr.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 60.00
City Blacklick	State O H	Zip Code 43009	Form(Cash,Check,etc) Cash	
Full Name of Contributor Rick Piatt			Registration Number, if PAC	
Street Address 713 S. Front St.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Brian Rigg, Attorney at Law			Registration Number, if PAC	
Street Address 755 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43206	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 \$ 660.00