

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 Doug Austin				Registration Number, if PAC	
Street Address 9098 Tartan Fields Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Mike Barnard				Registration Number, if PAC	
Street Address 2570 Scioto View Lane	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Tony Bravo				Registration Number, if PAC	
Street Address 304 W. 2nd Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor Ben Burgett				Registration Number, if PAC	
Street Address 384 1/2 E. Oakland Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Catharine Connor				Registration Number, if PAC	
Street Address 1825 Lake Shore Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Doug Daughters				Registration Number, if PAC	
Street Address 1126 Grandview Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Dawn Dillinger				Registration Number, if PAC	
Street Address 4166 Mavstar Way	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Hilliard	State OH	Zip Code 43026	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)(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 \$ 460.00