

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 Kathy Wallace			Registration Number, if PAC	
Street Address 1351 Glen Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 40.00
City Columbus	State O H	Zip Code 43212	Form(Cash, Check, etc) Cash	
Full Name of Contributor Peer Wenk			Registration Number, if PAC	
Street Address 1440 Mulford Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 25.00
City Columbus	State O H	Zip Code 43212	Form(Cash, Check, etc) Check	
Full Name of Contributor Mary Younger			Registration Number, if PAC	
Street Address 215 E. Whittier St.	Employer/Occupation/Labor Organization*		M D Y 0 6 0 6 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43206	Form(Cash, Check, etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash, Check, etc)	

* 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

3,855.00

Total expenditures this event

0.00

Page Total \$ 115.00