Event Date	6/6/14
Page	13

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05					
Name of Committee in Full							
Thomas Haves for Judge Committee Full Name of Contributor			1 :				
•		Registra	Registration Number, if PAC				
Kathy Wallace Street Address	E1(0		М	l n	T v	T	
1351 Glen Ave.	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	40.00
City	State	Zie Code		UID ash,Checi	1 4		40.00
•		Zip Code	romic				
Columbus Full Name of Contributor	<u> </u>	43212	Barin	Cash Registration Number, if PAC			
Peer Wenk			Kegistra	HOH NUI	ioer, ii Pa	ac.	
Street Address	Employer/Occur	nation/Labor Organization*	М	D	ΙΥ	Amount	
1440 Mulford Rd.	Ганрюўці жец	Employer/Occupation/Labor Organization*			1 4		25.00
City	State	Zip Code	Form(C	sh,Checi	LITE kerc)		23.00
Columbus	I O I H	43212		Chec			
Full Name of Contributor	1 () 1 11	1 40212			ber, if P/	A.C.	
Mary Younger			16		, <u></u>		
Street Address	Employer/Occur	oation/Labor Organization*	М	D	Y	Amount	
215 E. Whittier St.		Pampioyer/Occupation/Labor Organization			1 4		50.00
City	State	Zip Code	Form(C	sh,Checl	ketc)		50.00
Columbus	OIH	43206		Chec			
Full Name of Contributor	1 () ; 11	10200		Registration Number, if PAC			
					•		
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
			11	1			
City	State	Zip Code	Form(C	sh,Chec	k,etc)		
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	ish,Checl	k,etc)		
	<u> </u>						
Full Name of Contributor			Registra	tion Num	iber, if PA	AC .	
						_	
Street Address	Address Employer/Occupation/Labor Organization*		M.	D	Y	Amount	
City	State	Zip Code	Form(Ca	ish,Checl	k,etc)		
		<u> </u>	_				
Full Name of Contributor			Registra	tion Num	ber, if PA	AC	
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		D	Y	Amount	
		.	M	1			
City	State	Zip Code	Form(C	sh Chec	k,etc)		
<u> </u>			•				
emired for contributions from individuals over \$100 to statewide and ger	eral assembly cand	idates. If contributor is self-em	ployed, the o	ecupatio	n and the	name of the	

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 \$ 115.00
3.855.00	0.00	

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)]