

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 Committee to Elect Tim Horton for Judge			Registration Number, if PAC	
Street Address 545 E. Town St.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Hugh Davies			Registration Number, if PAC	
Street Address 2746 Brandon Rd.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 100.00
City Upper Arlington	State O H	Zip Code 43224	Form(Cash,Check,etc) Cash	
Full Name of Contributor Tom Dietz			Registration Number, if PAC	
Street Address 6261 Westwick Pl.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 100.00
City Lewis Center	State O H	Zip Code 43035	Form(Cash,Check,etc) Check	
Full Name of Contributor Dianna Downing			Registration Number, if PAC	
Street Address 295 E. Stewart Ave.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 30.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Ed Emsweller			Registration Number, if PAC	
Street Address 145-B E. Livingston Ave.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 25.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Cecily Ferris			Registration Number, if PAC	
Street Address 676 Mohawk St.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 25.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Dona Ferris			Registration Number, if PAC	
Street Address 724 1/2 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 3 0 6 1 4	Amount 20.00
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 \$ 550.00