

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 Jeffrey Furbee				Registration Number, if PAC .	
Street Address 969 Woodhill Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Luann Hoover				Registration Number, if PAC	
Street Address 1204 Wyandotte Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Keith Jones				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City	State OH	Zip Code	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Jason Kay				Registration Number, if PAC	
Street Address 1480 Mulford Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor David McGraw				Registration Number, if PAC	
Street Address 5250 Saddlebrook Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jessica Mott				Registration Number, if PAC	
Street Address 1389 Wyandotte Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Mark Rahall				Registration Number, if PAC	
Street Address 1224 Benchmark Park Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 25.00

* 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 \$ 350.00