

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 Peter Stevens				Registration Number, if PAC .	
Street Address 237 E. Deshler Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2014
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Rebecca Pokorski				Registration Number, if PAC	
Street Address 12894 Maple Ridge Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2014
City Milford Center	State OH	Zip Code 43045	Form(Cash,Check,etc) Check		Amount 30.00
Full Name of Contributor Erinn Anderson				Registration Number, if PAC	
Street Address 296 E. Stewart Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2014
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Drew Yoder				Registration Number, if PAC	
Street Address 3264 Mountview Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2014
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 30.00
Full Name of Contributor Norman Anderson				Registration Number, if PAC	
Street Address 295 Stewart Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2014
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Mindy Wright				Registration Number, if PAC	
Street Address 284 Zimpfer St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2014
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Melissa Hila Tew				Registration Number, if PAC	
Street Address 1149 Parkwav Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2014
City Columbus	State OH	Zip Code 43212	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 \$ 335.00