

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 Gina Griffith: Nemann Law Offices, LLC				Registration Number, if PAC .	
Street Address 306 Zander Ln		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount 150.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Christopher Cooper				Registration Number, if PAC	
Street Address 286 Marjoram Dr.		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount 100.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor William Nesbitt				Registration Number, if PAC	
Street Address 2657 Amberwick Pl.		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount 150.00
City Hilliard	State O H	Zip Code 43026		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
400.00

Total expenditures this event
0.00

Page Total \$ **400.00**