

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 Kim Collinsworth			Registration Number, if PAC	
Street Address 1343 W. 2nd Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4	Amount 20.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Cash	
Full Name of Contributor Doug Daughters			Registration Number, if PAC	
Street Address 1126 Grandview Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	
Full Name of Contributor Ray DeGraw			Registration Number, if PAC	
Street Address 1158 Virginia Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	
Full Name of Contributor Nicole Donovan			Registration Number, if PAC	
Street Address 1560 Goodale Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4	Amount 60.00
City Columbus	State O H	Zip Code 43212	Form (Cash, Check, etc) Cash	
Full Name of Contributor John Evans			Registration Number, if PAC	
Street Address 1021 Avondale Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4	Amount 100.00
City Hilliard	State O H	Zip Code 43212	Form (Cash, Check, etc) Check	
Full Name of Contributor Gloria Eyerly			Registration Number, if PAC	
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43221	Form (Cash, Check, etc) Check	
Full Name of Contributor Kort Gatterdam			Registration Number, if PAC	
Street Address 10159 Archer Lane	Employer/Occupation/Labor Organization*		M D Y 0 6 1 4	Amount 100.00
City Dublin	State O H	Zip Code 43017	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 \$ 530.00