

## 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				Registration Number, if PAC		
Nathan Akamine, Attorney at Law						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
844 S. Front St.			0	3	14	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43206	Check			
Full Name of Contributor				Registration Number, if PAC		
Charles Anderson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
2662 Alder Vista Dr.			0	3	14	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43231	Check			
Full Name of Contributor				Registration Number, if PAC		
Erinn Anderson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
901 Palmer Rd.			0	3	14	30.00
City	State	Zip Code	Form(Cash,Check,etc)			
Grandview Heights	OH	43212	Cash			
Full Name of Contributor				Registration Number, if PAC		
Norman Anderson						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
295 Stewart Ave.			0	3	14	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43206	Check			
Full Name of Contributor				Registration Number, if PAC		
John Andrews						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
20 First Ave. SW			0	3	14	50.00
City	State	Zip Code	Form(Cash,Check,etc)			
Pataskala	OH	43062	Check			
Full Name of Contributor				Registration Number, if PAC		
Bob Bernard						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
3387 Shattuck Ave.			0	3	14	200.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43221	Check			
Full Name of Contributor				Registration Number, if PAC		
Aric Birdsell						
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount
972 Cherry Bud Dr.			0	3	14	100.00
City	State	Zip Code	Form(Cash,Check,etc)			
Columbus	OH	43228	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

6350.00

Total expenditures this event

0

Page Total \$ 730.00