

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 Richard Frve				Registration Number, if PAC	
Street Address 1669 Roxbury Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Upperl Arlington	State O H	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Greg Fusca				Registration Number, if PAC	
Street Address 10520 Palmer Rd. SW	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Pataskala	State O H	Zip Code 43062	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Joseph Gibson				Registration Number, if PAC	
Street Address 625 S. Lazelle St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Rebecca Gooch, Attorney at Law				Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Connor Haves				Registration Number, if PAC	
Street Address 1472 Mulford Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Cash		Amount 100.00
Full Name of Contributor Ronan Haves				Registration Number, if PAC	
Street Address 1472 Mulford Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State O H	Zip Code 43212	Form(Cash,Check,etc) Cash		Amount 80.00
Full Name of Contributor Law Office of Karen Held Phipps, LLC - Karen Held Phipps				Registration Number, if PAC	
Street Address 4333 Reed Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 300.00

* 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 \$ 755.00