

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 Bruce Kincaid				Registration Number, if PAC	
Street Address 564 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Roger Koeck				Registration Number, if PAC	
Street Address 6257 Emberwood Dr.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Law Office of Robert F. Krapenc, LLC - Bob Krapenc				Registration Number, if PAC	
Street Address 601 S. High St., 1st Floor	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor M. Catherine Kurila				Registration Number, if PAC	
Street Address 49 Tibet Rd.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Joseph R. Landusky, Attorney at Law				Registration Number, if PAC	
Street Address 902 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor John Lee				Registration Number, if PAC	
Street Address 381 Mithoff	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Cash		Amount 5.00
Full Name of Contributor Kathy Levering				Registration Number, if PAC	
Street Address 3333 Parkslev Ct.	Employer/Occupation/Labor Organization*		M 0	D 3	Y 14
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ 680.00