

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 Don Shaster				Registration Number, if PAC			
Street Address 587 E. Roval Forest Blvd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	100.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Cash			
Full Name of Contributor E. Scott Shaw Co., LPA - Scott Shaw				Registration Number, if PAC			
Street Address 500 S. Front St., Suite 130		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen Smith				Registration Number, if PAC			
Street Address 8097 Summerhouse Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	50.00
City Dublin		State O H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Peter Stevens				Registration Number, if PAC			
Street Address 237 E. Deshler Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	50.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Mark Sutter				Registration Number, if PAC			
Street Address 634 Mohawk St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	25.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Sydow Leis, LLC - Stacie Sydow				Registration Number, if PAC			
Street Address 155 W. Main St., Suite 200A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	60.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Meriden Thomas				Registration Number, if PAC			
Street Address 1111 Grandview Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	0	250.00
City Columbus		State O H	Zip Code 43212	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 \$ 585.00