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## **Statement of Loans Received**

Prescribed by Secretary of State3/05

F 831														-
Full Name of Committee Thomas Haves for Judge Committee														
Thomas Haves for Judge Committee From Whom Received Prior Amount Jans. Incurred this Period								ria d						
Richanne Zymkoski - for Stonewall Brunch						FIRA	М		55.00	Ana. menter uns re	0.00			
Address									JJ.00	Outstanding Balance	0.00			
2128 Poplar St.										Outstanding Parameter	0.00			
City	State	Zip Code		r	D							D		0.00
Columbus		43207		Loans Received This Period  Date Amount			Payer. Date			•	ents This Period Amount			
Date Loan was originally	М	D	Y	М	D	Y	s		M		D	Y	S	
Incurred	0 4	1 3	1 4					0.00	0	5	0   8	1   4		55.00
Registration Number, if PAC			Ī	М	D	Y			М		D	Y		
F-1-10-10-10-10-10-10-10-10-10-10-10-10-1				10	D	1 1	_		M.	_	] D	l !		
Employer/Occupation/Labor Organization*				М	ו	Y			M		ו	'		
From Whom Received									Prior	Αm	ount	<u> </u>	Amt. Incurred this Per	riod
Thomas Haves - for W	/ebsite	e Fees										0.00		67.05
Address													Outstanding Balance	
1472 Mulford Rd. 0.0							0.00							
City		Zip Code		Loa	Loans Received This Period				Payments This Period					
Columbus	OH	43212	2		Date			Amount	Date Amount					
Date Loan was originally	М	D	Y	M	D	Y	S		М		D	Y	S	
Incurred	0 5	1   5	1 4	0   5	1 5	1 4		67.05	0	6	0 6	1   4		67.05
Registration Number, if PAC				М	D	Y			М		D	Ý		
Employer/Occupation/Labor Organization*				M	D	Y			M!		D	Ÿ		
												i		
From Whom Received									Prior	Αm	ount		Amt. Incurred this Per	riod
Franklin County Democratic Party - for Armed Forces Lunch					0.00			0.00		31.25				
Address								,					Outstanding Balance	
929 Harrison Ave.														31.25
City		Zip Code		I,oa	ns Receiv	ed This	eriod					Paym	ents This Period	
Columbus	OH	43215	5		Date			Amount			Date	•	Amount	
Date Loan was originally	М	D	Y	М	D	Y	s		М		D <sub>.</sub>	Y.	s	
Incurred	0 5	1 6	1 4	0 5	1 6	1 4		31.25	_			1		
Registration Number, if PAC				М	D	Y I			М		D	Y		
Employer/Occupation/Labor Organization*				M	D	Ϋ́	<b>†</b>		M	-	Đ	Y	<del></del> -	
							<u> </u>							
# Demind for postributions over \$100 to ct	به جارتونسون			4:4-4	ICA			loved occumation and			AFORA in	die ichem Per 1	husinees	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space	Transfer total of all loans	received this period to the Statemer	at of Other Income (Form No. 31-A-2
Transfer total of all payments made in this period to the Statement of Exp	enditures (Form No. 31-B)	). Transfer Total Outstanding Balance	to the cover page (Form No. 30-A)

1	Total prior amount \$	55.00	
2	Total received this period \$	98.30	(To Form No. 31-A-2)
3	Total Payments this Period \$	122.05	(also record on Form 31-B)
4	Total Outstanding Balance \$	31.25	(To Form No. 30-A)

<sup>\*</sup> Required for contributions over \$100 to statewide and general assembly candidates. It contributor is self-employed, occupation and the name of the marvional's business if any, rather than employer should be listed. If two ormore employees donate 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)