

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Thomas Haves for Judge Committee</b>				
Full Name of Contributor <b>Norman Anderson</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>285 Stewart Ave.</b>		Description of Item or Service <b>Food &amp; Drink @ High Beck</b>		M   D   Y   Fair Market Value <b>0   3   0   6   1   4   42.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43206</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Phillip Churchill</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>12341 Monkev Hollow Rd.</b>		Description of Item or Service <b>Food &amp; Drink @ High Beck</b>		M   D   Y   Fair Market Value <b>0   3   0   6   1   4   42.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43074</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Kevin Mulrane</b>		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address <b>1527 Doone Rd.</b>		Description of Item or Service <b>Food &amp; Drink @ High Beck</b>		M   D   Y   Fair Market Value <b>0   3   0   6   1   4   42.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43221</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor <b>Brian Joslyn</b>		Employer, Occupation, Labor Organization * <b>Joslyn Law Office</b>		Registration Number, if PAC
Street Address <b>901 S. High St.</b>		Description of Item or Service <b>Food &amp; Drink @ Jimmy V's</b>		M   D   Y   Fair Market Value <b>0   4   1   7   1   4   400.00</b>
City <b>Columbus</b>		State <b>O   H</b>	Zip Code <b>43215</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M   D   Y   Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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)]