

# Statement of 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>Timothy Snyder</b>					Registration Number, if PAC		
Street Address <b>7063 Maynard Pl. E.</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Paypal</b>		
City <b>New Albany</b>	State <b>O   H</b>	Zip Code <b>43054</b>	M <b>1   0</b>	D <b>1   0</b>	Y <b>1   4</b>	Amount <b>200.00</b>	
Full Name of Contributor <b>Ravi Stepter: Stepter Law Office</b>					Registration Number, if PAC		
Street Address <b>200 E. Campus View Blvd. Ste., 200</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Paypal</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43235</b>	M <b>1   0</b>	D <b>1   1</b>	Y <b>1   4</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Fundraiser on 9-13-14</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b>0   9</b>	D <b>1   3</b>	Y <b>1   4</b>	Amount <b>790.00</b>	
Full Name of Contributor <b>Fundraiser on 9-25-14</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b>0   9</b>	D <b>2   5</b>	Y <b>1   4</b>	Amount <b>400.00</b>	
Full Name of Contributor <b>Fundraiser on 9-27-14</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b>0   9</b>	D <b>2   7</b>	Y <b>1   4</b>	Amount <b>1,260.00</b>	
Full Name of Contributor <b>Fundraiser on 10-9-14</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b>1   0</b>	D <b>0   9</b>	Y <b>1   4</b>	Amount <b>1,430.00</b>	
Full Name of Contributor <b>Fundraiser on 10-16-14</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b>1   0</b>	D <b>1   6</b>	Y <b>1   4</b>	Amount <b>2,455.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State <b> </b>	Zip Code	M <b> </b>	D <b> </b>	Y <b> </b>	Amount	

\* 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)]

Page Total \$ **6,785.00**