Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Thomas Haves for Judge Cor	mmittee					
Full Name			Registratio	Registration Number, if PAC		
TRANSFER OF TOTAL LOANS	S RECEIVED FROM 3	31 - C		·		
Address	Type*		М	D Y	Аттошлі 1,497.64	
City	State	Zip Code	Form(Cas.	h,Check,etc)		
ull Name			Registratio	Registration Number, if PAC		
Address	Type*		M	D Y	Amount	
City	State	Zip Code	Form(Casi	Form(Cash,Check,etc)		
Full Name		<u></u>	Registratio	Registration Number, if PAC		
Address	Type*		М	D Y	Amount	
City	State	Zip Code	Form(Casl	h,Check,etc)		
Full Name		•	Registratio	on Number, if PA	AC	
Address	Type*	A STATE OF THE STA	M	D Y	Amount	
City	State	Zip Code	Form(Cash	Form(Cash,Check,etc)		
ull Name			Registratio	Registration Number, if PAC		
Address	Type*		M	D Y	Amount	
City	State	Zip Code	Form(Cast	Form(Cash,Check,etc)		
Full Name				Registration Number, if PAC		
Address	Type*		M	D Y	Amount	
City	State	Zip Code	Form(Cash	h,Check,etc)		
uli Name			Registratio	Registration Number, if PAC		
Address	Type*		М	D Y	Amount	
City	State	Zîp Code	Form(Cash	Form(Cash,Check,etc)		
Full Name			Registratio	on Number, if PA	C	
Address	Type*		M	D Y	Amount	
City	State	Zip Code	Form(Cash	n,Check,etc)	Sec 7 Tel Sec.	

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1.497.64

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee.