

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Thomas Haves for Judge Committee		<u>. </u>				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Sheryl Munson						
Street Address	Description of Item or Service		М	D	I Y	Fair Market Value
3700 Rivervail Dr.	Food		1110	116	1114	110.00
City	State Zip Code		Received at Fundraising Event?			
Columbus	O H 43221		☑ YES ☐ NO			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
I di Nane di Commodici	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	Danius	d at Fund	<u> </u>	
len,	Jake	Zip Code	I CCCKC		raising c	☑ NO
		<u> </u>	 ''	YEŞ		·
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
				L. !]]]
City .	State	Zip Code	Receive	d at Fund	raising E	vent?
	1	1		YES		□ NO
Full Name of Contributor	Employer, Occur	Registration Number, if PAC				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value
				Ĭ		Tun Market Falle
City	State	Zip Code	Receive	d at Fund	raising E	
				YES		□ NO
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Service		+	1 5	T	In the second
Succi Admess			M	D	Y	Fair Market Value
		1	1		<u> </u>	<u> </u>
City	State	Zip Code		d at Fund	raising E	
<u></u>		☑ YES □ NO				
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Ite	Description of Item or Service		D	Y	Fair Market Value
			1 1	lι	lι	
Cíty	State	Zip Code	Received	lat Funds	naisina F	vent?
			2	YES	E C	NO NO
Full Name of Contributor	El O	L	$\downarrow -$		'C D	
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Item or Service		 	D	1 .	Irain Madan Matan
Succe reduces	Description of Item or Service		M	1	\	Fair Market Value
		T=		<u> </u>		<u> </u>
City	State	Zip Code	Received		aising E	_
	<u> </u>			YES		⊔ №
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value
			"i	Ĭ	;	THE PERSON OF THE
City	Crara	7 in Code	Paratir	l ot Free 3:	nisis : F	
icity 	State	Zip Code	Received		aising E	
	j l	1.		YES		□ №

^{*} 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)]