## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	_							
Thomas Haves for Judge Committee								
Full Name of Contributor	_			Registra	tion Num	ber, if PA	<u> </u>	
Wavne Lewis				1				
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check	. etc.)
476 Hanford St.	,						Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	lo	Н	43206	013	118	114		300.00
Full Name of Contributor					1	ber, if PA		
Logan K. Philipps								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
125 N. Sandusky St.						Check		
City	St	ate	Zip Code	М	D	Y	Amount	
Delaware		Н	43015	0 4	013	1   4	•	100.00
Full Name of Contributor				Registra	tion Num	ber, if PA		
4/17/14 Fundraiser Amount from 31-E								
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)	
City	St	ate	Zip Code	М	D	Y	Amount	
				0 4	117	$1 \mid 4 \mid$	2,3	565.00
Full Name of Contributor			-	Registra	tion Num	ber, if PA	С	
Nancy Cloutier								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
3531 Brewton Dr.							Check	
City	St	ate	Zip Code	M	D	Υ	Amount	
Westerville	0	H	43081	014	1 7	1 4		100.00
Full Name of Contributor Registration Number, if PAC								
Barry Wilford								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
481 E. Sycamore St.			In: 0.1	1			Check	
•	1	ate L	Zip Code	M	D	Y	Amount	
Columbus	О	H	43206	0 4	1 5	1 4		250.00
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)						>	
Succe Adducts	Employer/Occupation/Labor Organization*			ļ			rom (Cash, Check, etc.)	
City	Sta		Zip Code	1 14	- B	ΓY	Amount	
City	]	110	Zip Code	M	D	'	Amount	
Full Name of Contributor	1 -			Registra	[   tion Num	har if PA	<u> </u>	
Full Name of Contributor Registration Number, if PAC								
Street Address	IEmploye	г/Оссира	tion/Labor Organization*				Form (Cash, Check	eto )
55001.1dd 535	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)							
City	Sta	ate .	Zip Code	М	D	Y	Amount	
	~				ľ			
Full Name of Contributor	<del></del>		<u></u>	Registra	tion Num	ber, if PA		
Full Name of Contributor Registration Number, if PAC								
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)				etc.)			
	- Indiana and the second of sundation							ŕ
City	Sta	ite .	Zip Code	М	D	Y	Amount	
	1 1			1 1				
covired for contributions from individuals over \$100 to statewide and con-			75					

Page Total S	3,315.00

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)]