

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 Nic Davirro					Registration Number, if PAC		
Street Address 2717 Hard Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43235	M 0 6	D 0 9	Y 1 4	Amount 200.00	
Full Name of Contributor Richard Termuhlen II					Registration Number, if PAC		
Street Address 2933 E. First St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Long Beach	State C A	Zip Code 90803	M 0 6	D 0 9	Y 1 4	Amount 35.00	
Full Name of Contributor John Hilt					Registration Number, if PAC		
Street Address 3793 Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 6	D 1 2	Y 1 4	Amount 250.00	
Full Name of Contributor Michael Probst - Probst Law Office					Registration Number, if PAC		
Street Address 85 E. Gay St., Suite 608		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 1 1	Y 1 4	Amount 50.00	
Full Name of Contributor Martin Hayes					Registration Number, if PAC		
Street Address 125 Jav St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Geneva	State N Y	Zip Code 14456	M 0 6	D 1 9	Y 1 4	Amount 100.00	
Full Name of Contributor Jesse Truett					Registration Number, if PAC		
Street Address 1147 Grandview Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 6	D 1 9	Y 1 4	Amount 50.00	
Full Name of Contributor Steven Bass					Registration Number, if PAC		
Street Address 2203 Picket Post Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal		
City Columbus	State O H	Zip Code 43220	M 0 6	D 2 3	Y 1 4	Amount 200.00	
Full Name of Contributor Fundraiser Transfer from 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City I	State	Zip Code	M 0 6	D 2 4	Y 1 4	Amount 2,550.00	

* 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)]

Page Total \$ **3,435.00**