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Statement of Contributions Received

Prescribed by Secretary of State 3/05

<u> </u>		<u> </u>				
Name of Committee in Full						
Thomas Haves for Judge Committee						
Full Name of Contributor Registration N				tion Num	ber, if PA	.c
5/8/14 Fundraiser Amount from 31-E	In	 				
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
~	 	la: - ·	T			
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	<u> </u>			0 8		2,250.00
	,		Registra	tion Num	ber, 11 PA	i.C
5/22/14 Fundraiser Amount from 31-E						F (C) C (
Succe Adultes	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Tzia Cada	Тм	D	Y	A
l chy	State	Zîp Code	I			Amount 0 150 00
Full Name of Contributor	<u> </u>	1	0 5	tion Num	1 4	2,150.00
6/6/14 Fundraiser Amount from 31-E			regisua.	4100 11000	UC1, II I A	
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
ou cer read ess	langioya / occup	adou inon Organization				roim (Casa, Cacca, cic.)
City	State	Zip Code	Тм	D	Y	Amount
	I			016	l .	3,855.00
Full Name of Contributor	<u> </u>			tion Num		
Jeffrey Mackey			ľ		,	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1538 Melrose Ave.						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОІН	43224	016	013	114	100.00
Full Name of Contributor	, ,	10221		tion Num		
Dan Headapohl						
Street Address	Employer/Occup	ation/Labor Organization*		_	-	Form (Cash, Check, etc.)
1252 Hope Ave.						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43212	0 6	013	1 4	100.00
Full Name of Contributor				tion Num	ber, if PA	
Steve Larson						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
283 S. Third St.						Check
City	State	Zip Code	М	D	Y	Azzount
Columbus	OH	43215	0 6	015	1 4	250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С
Mr. Joseph DeCola						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
1055 Parkway Dr.						PayPal
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43212		015		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
2	Ir					Earl (Coak Charle are)
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
0.	F	Zia Cada	Тм	В	ΙΥ	Amount
City	State 1	Zip Code	I M	D	'i	Amount
	<u> </u>	<u> </u>	<u> </u>	, (<u> </u>	<u>L</u>

Page Total	S	8,805.00

^{*} 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)]