## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full		<del> </del>			
Thomas Haves for Judge Committ	00				
Full Name of Contributor	66 IE-molovier Occ	tan Tahan Organization B	In trainet 3	·	
Dan Hardiman	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of the control of		1m	1 ,,	
6048 Rothchester Dr.	Description of Item or Service		MD		Fair Market Value
	Coffee & Donuts		1 0 1		
City Gallowav	State   Zip Code		Received at Fundraising Event?  YES VO		
Full Name of Commbutor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Service		+		In a sile of the second
	Description of a	ices of Service	M D	Y	Fair Market Value
City	State	Zip Code	Received at F	indraising l	Event?
			YES		NO
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of 1	tem or Service	M D	Y	Fair Market Value
City	State	Zip Code	Received at Fr	ndraising I	Event?
			YES		□no
Full Name of Contributor	Employer, Occi	pation, Labor Organization *	Registration N	umber, if P	AC
Street Address	Description of I	tem or Service	M D	Y	Fair Market Value
		<u> </u>	] ]		<u> </u>
City	State	Zip Code	Received at Fo	indraising E	Event?
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC		
Street Address	Description of Item or Service		M D	Τÿ	Fair Market Value
				Ti	A BILL PRINCE VALUE
City	State	Zip Code	Received at Fu	ndraising E	Event?
			YES	•	□no
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration N	umber, if P.	AC .
Street Address	Description of Item or Service		M D	Y	Fair Market Value
0		<del>, .</del>			
City	State	Zip Code	Received at Fu	ndraising E	
Full Name of Contributor	F 1 ^		YES		NO
Put Name of Contributor	Employer, Occu	pation, Labor Organization *	Registration N	umber, if Pa	AC
Street Address	Description of Item or Service		M D	Y	Fair Market Value
		<u>-,</u>			<u> </u>
City	State	Zip Code	Received at Fu	ndraising E	vent?
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
					<u> </u>
City	State	Zip Code	Received at Fu	ndraising E	
<u> </u>			YES		NO

Page Total \$	500.00

<sup>\*</sup> 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)]