31-A
R.C. 3517.10

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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						**Registration Number, if PAC**	
Tim Wooddell							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1910 Langham Rd.							PayPal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0 | 6	2 | 5	1 | 4		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Katherine Giacomelli Butcher							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
413 Mulberry Way W.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	O | H	43082	0 | 6	2 | 7	1 | 4		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Robert Joseph							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1406 Cambridge Blvd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43212	0 | 6	2 | 4	1 | 4		600.00
Full Name of Contributor						**Registration Number, if PAC**	
Dennis Nicodemus - IBEW, Local Union No. 683							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
23 W. Second Ave., PO Box 8127							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43201	0 | 6	2 | 2	1 | 4		250.00
Full Name of Contributor						**Registration Number, if PAC**	
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
	|		|	|	|		
Full Name of Contributor						**Registration Number, if PAC**	
Tim Woodell							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1910 Langham Rd.							Paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43221	0 | 6	2 | 5	1 | 4		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Katherine Giacomelli Butcher							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
413 Mulberry Way W.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Westerville	O | H	43082	0 | 6	2 | 7	1 | 4		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Steven White							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
PO Box 18387							Paypal
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
South Charleston	W | V	25303	0 | 7	0 | 6	1 | 4		100.00

* 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 $ 1,350.00