

Statement of Expenditures

Prescribed by Secretary of State 2/01

| | | | | | | | | | |
|--|--|--|--|----------|-------------------|---|---|---|--------|
| Name of Committee in Full Thomas Haves for Judge Committee | | | | | | | | | |
| To Whom Paid Paypal | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 8 | 2 | 1.75 |
| Address | | | Purpose Service Fee on Donation Received | | | | | | |
| City | | | State | Zip Code | Check Number | | | | |
| | | | | | Debit Card | | | | |
| To Whom Paid Paypal | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 9 | 0 | 2.48 |
| Address | | | Purpose Service Fee on Donation Received | | | | | | |
| City | | | State | Zip Code | Check Number | | | | |
| | | | | | Debit Card | | | | |
| To Whom Paid Paypal | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 9 | 2 | 3.20 |
| Address | | | Purpose Service Fee on Donation Received | | | | | | |
| City | | | State | Zip Code | Check Number | | | | |
| | | | | | Debit Card | | | | |
| To Whom Paid Paypal | | | | | | M | D | Y | Amount |
| | | | | | | 0 | 9 | 2 | 2.48 |
| Address | | | Purpose Service Fee on Donation Received | | | | | | |
| City | | | State | Zip Code | Check Number | | | | |
| | | | | | Debit Card | | | | |
| To Whom Paid TRANSFER OF TOTAL PAYMENTS FROM 31-C | | | | | | M | D | Y | Amount |
| | | | | | | | | | 975.88 |
| Address | | | Purpose | | | | | | |
| City | | | State | Zip Code | Check Number | | | | |
| | | | | | | | | | |
| To Whom Paid Paypal | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 0 | 0 | 7.55 |
| Address | | | Purpose Service Fee on Donation Received | | | | | | |
| City | | | State | Zip Code | Check Number | | | | |
| | | | | | | | | | |
| To Whom Paid Paypal | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 0 | 1 | 6.10 |
| Address | | | Purpose Service Fee on Donation Received | | | | | | |
| City | | | State | Zip Code | Check Number | | | | |
| | | | | | | | | | |
| To Whom Paid Paypal | | | | | | M | D | Y | Amount |
| | | | | | | 1 | 0 | 1 | 7.55 |
| Address | | | Purpose Service Fee on Donation Received | | | | | | |
| City | | | State | Zip Code | Check Number | | | | |
| | | | | | | | | | |