

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Thomas Hayes for Judge Committee							
Full Name of Contributor Meeks & Thomas Co., LPA - David Thomas					Registration Number, if PAC		
Street Address 511 S. High St.		Employer/Occupation/Labor Organization*			M	D	Y
					0	3	016 114
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check		
Amount 500.00							

Full Name of Contributor							
Street Address					Employer/Occupation/Labor Organization*		
					M	D	Y
City		State		Zip Code	Form(Cash,Check,etc)		
Amount							

Full Name of Contributor							
Street Address					Employer/Occupation/Labor Organization*		
					M	D	Y
City		State		Zip Code	Form(Cash,Check,etc)		
Amount							

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					M	D	Y
City		State		Zip Code	Form(Cash,Check,etc)		
Amount							

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					M	D	Y
City		State		Zip Code	Form(Cash,Check,etc)		
Amount							

Full Name of Contributor							
Street Address					Employer/Occupation/Labor Organization*		
					M	D	Y
City		State		Zip Code	Form(Cash,Check,etc)		
Amount							

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

6,350.00

Total expenditures this event

0.00

Page Total \$ 500.00