

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 Dennis Day			Registration Number, if PAC -	
Street Address 1427 1/2 Bryden Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) Check	
Full Name of Contributor Kiley Dostal			Registration Number, if PAC	
Street Address PO Box 486	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 20.00
City Bucyrus	State O H	Zip Code 44820	Form(Cash,Check,etc) Cash	
Full Name of Contributor Rebecca Gooch			Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Eric Hoffman			Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Cash	
Full Name of Contributor Tim Huey - Huev Law			Registration Number, if PAC	
Street Address 2396 Wimbledon Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Amv Ivanoff			Registration Number, if PAC	
Street Address 1049 S. Washington Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 20.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Cash	
Full Name of Contributor Thomas Jeffcot			Registration Number, if PAC	
Street Address 8074 Sandleford Ave., NW	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 50.00
City North Canton	State O H	Zip Code 44720	Form(Cash,Check,etc) Check	

* 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

Total expenditures this event

Page Total \$ 440.00