

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 William Loveland			Registration Number, if PAC			
Street Address 2039 Coventry Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount 20.00
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Cash			
Full Name of Contributor Jay Macke			Registration Number, if PAC			
Street Address 1623 Clifton Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount 1.00
City Columbus	State OH	Zip Code 43203	Form(Cash,Check,etc) Paypal			
Full Name of Contributor Toure McCord			Registration Number, if PAC			
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount 100.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Robert McNitt			Registration Number, if PAC			
Street Address 465 Waterbury Ct., Suite A	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount 75.00
City Columbus	State OH	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Moses - Moses Law Office			Registration Number, if PAC			
Street Address 100 E. Broad St., Suite 1350	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount 75.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Ennia Moses			Registration Number, if PAC			
Street Address 270 Olentangy St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount 50.00
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check			
Full Name of Contributor Molly Moses			Registration Number, if PAC			
Street Address 19538 Carroll Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14	Amount 40.00
City Rockbridge	State OH	Zip Code 43149	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 \$ 361.00