

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Hayes													
Full Name of Contributor Jonathan Moore							Registration Number, if PAC						
Street Address 920 E. Lincoln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check.						
City Columbus		State OH		Zip Code 43224		M 1		D 02		Y 11		Amount 25.00	
Full Name of Contributor Peter Stevens							Registration Number, if PAC						
Street Address 237 E. Dasher			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check.						
City Columbus		State OH		Zip Code 43206		M 1		D 02		Y 11		Amount 25.00	
Full Name of Contributor Deborah Murray							Registration Number, if PAC						
Street Address 835 Strimple Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check.						
City Columbus		State OH		Zip Code 43224		M 1		D 02		Y 11		Amount 40.00	
Full Name of Contributor John & Karen Keeling							Registration Number, if PAC						
Street Address 679 Overbrook Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check.						
City Columbus		State OH		Zip Code 43214		M 1		D 02		Y 11		Amount 25.00	
Full Name of Contributor Robert Beaman							Registration Number, if PAC						
Street Address 3387 Shattuck Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OH		Zip Code 43221		M 1		D 02		Y 11		Amount 50.00	
Full Name of Contributor Richard Faye							Registration Number, if PAC						
Street Address 1669 Roxbury Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Upper Arlington		State OH		Zip Code 43212		M 1		D 02		Y 11		Amount 25.00	
Full Name of Contributor Jason Enman							Registration Number, if PAC						
Street Address 310 E. Blenker			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check.						
City Columbus		State OH		Zip Code 43206		M 1		D 02		Y 11		Amount 25.00	
Full Name of Contributor Sheryl Munson							Registration Number, if PAC						
Street Address 3700 Riverwalk Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OH		Zip Code 43215		M 1		D 02		Y 11		Amount 75-	

* 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 also appear. [R.C. 3517.10(B)(4)]