

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 Marv Pilarski Churchill				Registration Number, if PAC .	
Street Address 12341 Monkey Hollow Rd.	Employer/Occupation/Labor Organization*		M 11	D 09	Y 14
City Sunbury	State OH	Zip Code 43074	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Gloria Everly				Registration Number, if PAC	
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*		M 11	D 09	Y 14
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Marv Cain				Registration Number, if PAC	
Street Address 1733 S. High St.	Employer/Occupation/Labor Organization*		M 11	D 09	Y 14
City Columbus	State OH	Zip Code 43207	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Charles Jones				Registration Number, if PAC	
Street Address 4417 Zachary Ct.	Employer/Occupation/Labor Organization*		M 11	D 09	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Mitchell Williams				Registration Number, if PAC	
Street Address 1397 Broadview Ave., #9	Employer/Occupation/Labor Organization*		M 11	D 09	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Laurie Arsenault				Registration Number, if PAC	
Street Address 604 S. 3rd St.	Employer/Occupation/Labor Organization*		M 11	D 09	Y 14
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Janet Grubb				Registration Number, if PAC	
Street Address 225 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		M 11	D 09	Y 14
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 150.00

* 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

0.00

Page Total \$ 750.00