

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 Nesbitt				Registration Number, if PAC .	
Street Address 2657 Amberwick Pl.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 150.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Philabaum				Registration Number, if PAC	
Street Address 601 S. High St.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Pfeiffer				Registration Number, if PAC	
Street Address 238 E. Roval Forest Blvd.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43214		Form(Cash,Check,etc) Check	
Full Name of Contributor Richard Frve				Registration Number, if PAC	
Street Address 1669 Roxbury Rd.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 100.00
City Upper Arlington	State O H	Zip Code 43212		Form(Cash,Check,etc) Check	
Full Name of Contributor Donna Ruscitti				Registration Number, if PAC	
Street Address 1608 Preston Woods Ct.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43235		Form(Cash,Check,etc) Check	
Full Name of Contributor Paul Scott				Registration Number, if PAC	
Street Address 536 S. High St.	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 350.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Kort Gatterdam				Registration Number, if PAC	
Street Address 280 N. High St., Suite 1300	Employer/Occupation/Labor Organization*			M D Y 0 7 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215		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 \$ 1,000.00