31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Thomas Hayes for Judge Committee							
Full Name of Contributor						Registration Number, if PAC	
Jeffrey Thompson							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
601 S. High ST.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43215	10	16	14	200.00	
Full Name of Contributor						Registration Number, if PAC	
Sue Reulbach							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
877 Ebner St.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43206	10	23	14	150.00	
Full Name of Contributor						Registration Number, if PAC	
Charles Ticknor III							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1049 Grandview Ave.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43212	10	22	14	250.00	
Full Name of Contributor						Registration Number, if PAC	
Megan Grant							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1188 S. High St.						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43206	10	22	14	100.00	
Full Name of Contributor						Registration Number, if PAC	
Scott Shaw							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
500 S. Front St., Ste. 130						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43215	10	23	14	150.00	
Full Name of Contributor						Registration Number, if PAC	
Carpenter, Lipps & Leland LLP							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
280 N. High St., Ste. 1300						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O | H	43215	10	17	14	1,000.00	
Full Name of Contributor						Registration Number, if PAC	
Sharon Wade							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
778 Hawsbury Way						Check	
City	State	Zip Code	M	D	Y	Amount	
Powell	O | H	43065	10	27	14	375.00	
Full Name of Contributor						Registration Number, if PAC	
Corey Crognale							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
1052 Arcaro Dr.						Check	
City	State	Zip Code	M	D	Y	Amount	
Gahanna	O | H	43230	10	21	14	175.00	

* 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)]

Page Total $ 2,400.00