

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 Nolan Rains				Registration Number, if PAC .	
Street Address 191 Vine St., Apt. 202	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Chris Rengstorf				Registration Number, if PAC	
Street Address 99 Brickel St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 40.00
Full Name of Contributor Taylor Rex				Registration Number, if PAC	
Street Address 1465 Stockton Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Kettering	State OH	Zip Code 45409	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Mike Rose				Registration Number, if PAC	
Street Address 5720 Morlich Sq.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Dublin	State OH	Zip Code 43017	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Alex Sabol				Registration Number, if PAC	
Street Address 930 W. Divevsey #2	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Chicago	State IL	Zip Code 60614	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Tom Seguin				Registration Number, if PAC	
Street Address 1634 Wyandotte Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Melissa Hila Tew				Registration Number, if PAC	
Street Address 1149 Parkway Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00

* 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

Page Total \$ 340.00