

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 Connor O'Neill				Registration Number, if PAC	
Street Address 112 Olentangy	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Daniel Sabol - Luftman, Heck & Assoc., LLP				Registration Number, if PAC	
Street Address 580 E. Rich St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Matthew Sauer - Sauer & Assoc.				Registration Number, if PAC	
Street Address PO Box 09051	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jessica Schadt				Registration Number, if PAC	
Street Address 1485 W. Third Ave., Apt. 6D	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Cash		Amount 40.00
Full Name of Contributor Mark Serrott				Registration Number, if PAC	
Street Address 789 Northwest Blvd., Apt. A	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Robert Shea - Lerner & Shea, LLC				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 260	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Phil Templeton - Crabbe, Brown & James				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization*		M 0	D 6	Y 14
City Rockbridge	State OH	Zip Code 43215	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

Page Total \$ 640.00