

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 Mary Younger						Registration Number, if PAC			
Street Address 215 Whittier St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City Columbus			State O H		Zip Code 43206		M D Y 0 9 2 1 1 4		Amount 60.00
Full Name of Contributor W. Joseph Edwards						Registration Number, if PAC			
Street Address 341 S. 3rd St., Ste. 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State O H		Zip Code 43214		M D Y 0 9 1 7 1 4		Amount 300.00
Full Name of Contributor Thresa Alexander						Registration Number, if PAC			
Street Address 1144 Grandview Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State O H		Zip Code 43212		M D Y 0 9 1 5 1 4		Amount 50.00
Full Name of Contributor Greta Kearns						Registration Number, if PAC			
Street Address 1241 Lincoln Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus			State O H		Zip Code 43212		M D Y 0 9 1 9 1 4		Amount 50.00
Full Name of Contributor Martin Hayes						Registration Number, if PAC			
Street Address 125 Jay St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Geneva			State N Y		Zip Code 14456		M D Y 0 9 1 0 1 4		Amount 100.00
Full Name of Contributor Walter Gage: Gage & Gage						Registration Number, if PAC			
Street Address 33 Seneca St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Geneva			State N Y		Zip Code 14456		M D Y 0 9 1 0 1 4		Amount 100.00
Full Name of Contributor Gary Curry: Rev. Living Trust						Registration Number, if PAC			
Street Address 2424 Granada Ct. N.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Galloway			State O H		Zip Code 43119		M D Y 0 9 1 4 1 4		Amount 600.00
Full Name of Contributor Paul Soehnlen						Registration Number, if PAC			
Street Address 22599 Sycamore Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Mt. Vernon			State O H		Zip Code 43050		M D Y 0 9 1 8 1 4		Amount 600.00

* 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 \$ 1,860.00