

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 Gloria Everly				Registration Number, if PAC .	
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Roger Koeck				Registration Number, if PAC	
Street Address 6257 Emberwood Rd.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 50.00
City Dublin	State O H	Zip Code 43017		Form(Cash,Check,etc) Check	
Full Name of Contributor James Maver III				Registration Number, if PAC	
Street Address 571 Edgewood Rd.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 250.00
City Mansfield	State O H	Zip Code 44907		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Gjostein				Registration Number, if PAC	
Street Address 6720 Havhurst St.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 150.00
City Worthington	State O H	Zip Code 43085		Form(Cash,Check,etc) Check	
Full Name of Contributor Tracy Younkin				Registration Number, if PAC	
Street Address 577 S. High St.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph Landuskv				Registration Number, if PAC	
Street Address 901 S. High St.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 200.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Martello				Registration Number, if PAC	
Street Address 995 S. High St.	Employer/Occupation/Labor Organization*			M D Y 1 0 1 6 1 4	Amount 150.00
City Columbus	State O H	Zip Code 43206		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

0.00

Page Total \$ 1,050.00