

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 Norman Anderson			Registration Number, if PAC .	
Street Address 295 Stewart Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Erinn Anderson			Registration Number, if PAC .	
Street Address 295 Stewart Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 30.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Blaise Baker			Registration Number, if PAC .	
Street Address 600 S. High St., Suite 201	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 300.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Bernard			Registration Number, if PAC .	
Street Address 47 Victorian Gate Wav	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Charlesworth - Thomas Charlesworth & Assoc.			Registration Number, if PAC .	
Street Address 1654 E. Broad St., Suite 301	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43203	Form(Cash,Check,etc) Check	
Full Name of Contributor Phillip Collins - Collins & Slagle Co., LPA			Registration Number, if PAC .	
Street Address 21 E. State St., Suite 930	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Claire Curtis - Curtis Law LLC			Registration Number, if PAC .	
Street Address 1499 Lakewood Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 25.00
City Lakewood	State O H	Zip Code 44107	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

Page Total \$ 705.00