

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 Harold Keller				Registration Number, if PAC .	
Street Address 534 Greenglade Ave.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 1 1 4	Amount 250.00
City Worthington	State O H	Zip Code 43085		Form(Cash,Check,etc) Check	
Full Name of Contributor Katie Clifford				Registration Number, if PAC	
Street Address 1134 Broadview Ave.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 1 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Check	
Full Name of Contributor Becky Elliott				Registration Number, if PAC	
Street Address 1967 Village Ct.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 1 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Cash	
Full Name of Contributor Jon Murphy				Registration Number, if PAC	
Street Address 1211 Wyandotte Rd.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 1 1 4	Amount 75.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Check	
Full Name of Contributor Kathleen Wallace				Registration Number, if PAC	
Street Address 1351 Glenn Ave.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 1 1 4	Amount 20.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Cash	
Full Name of Contributor Stephen McIntosh				Registration Number, if PAC	
Street Address 1163 Wvandotte Rd.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 1 1 4	Amount 50.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) Check	
Full Name of Contributor Julia White				Registration Number, if PAC	
Street Address 1538 Arlington Ave.	Employer/Occupation/Labor Organization*			M D Y 0 8 2 1 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43212		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

Page Total \$ 595.00