Event Date	3-6-14
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	rrescribed by	Secretary of Stat	te 3/05						
Name of Committee in Full							_		
Thomas Hayes for Judge Committee									
Full Name of Contributor				Registra	Registration Number, if PAC				
Committee to Elect Tim Horton for Jud	dge								
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*			D	Y	Amount	·	
<u>545 E. Town St.</u>				013	016	1 4		250.00	
City	State	Zip Code	-		sh,Checl				
Columbus	\perp α \perp Ξ	I 4	43215	1	Chec	k			
Full Name of Contributor		-		Registra	tion Num	ber, if PA	AC .	-	
Hugh Davies									
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount		
2746 Brandon Rd.		•			016	114		100.00	
City	State	Zip Code			ish,Check			100.00	
Upper Arlington	$\perp_{O} \perp_{E}$	1 4	43224		Cash	1			
Full Name of Contributor	1 12 :			Registra	tion Num		\C	·	
Tom Dietz				'			-		
Street Address	Employer/Occ	upation/Labor O	Organization*	М	D	Y	Amount		
6261 Westwick Pl.		•		013	016	1		100.00	
City	State	Zip Code			sh,Check			100.00	
Lewis Center	OLH	1 -	43035		Chec				
Full Name of Contributor	1 () 1	<u> </u>	10000		tion Num		.C		
Dianna Downing				l tegisus		001, 12 1 1			
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount		
295 E. Stewart Ave.	Lanproyen occupation Laton Organization				016			30.00	
City	State	Zip Code	-		ish,Check			30.00	
Columbus	I O I H	1 '	13206	l' o'mi(c'	Cash				
Full Name of Contributor	[() 11] 43200			Registra	Registration Number, if PAC				
Ed Emsweller				I Kegisua	uon rum	oci, ii i n			
Street Address	Employer/Occupation/Labor Organization*		<u>м</u>	D	Y	Amount	- .		
145-B E. Livingston Ave.	Limpioyenoce	Linpoyer/Occupation/Lation Organization		1	016	I .		25.00	
City	State	Zip Code			ish,Check			23.00	
Columbus	I O I H		13215	I Oring Ca		•			
Full Name of Contributor	1 () 11 45215		Cash Registration Number, if PAC						
Cecily Ferris				Kesisna	ион мшн	bei, ii FA	iC .		
Street Address	Employer/Occ	upation/Labor O	roonization*	м	D	ΙΥ	Ta	_	
	Employenoce	upation/Labor O	и данганоп				Amount	25.00	
676 Mohawk St.	6	7'. C. 1.			016			25.00	
•	State	Zip Code	12207		sh,Check				
Columbus Full Name of Contributor	O H	1 4	13206		Chec				
				Registra	tion Num	ber, if PA	ıC		
Dona Ferris Street Address				_				_	
	Employer/Occupation/Labor Organization*		M	D	Y	Amount	50.00		
724 1/2 S. High St.					0 6			20.00	
City Columbus	State H	State Zip Code 43206		1 '	_{ish,Check} Checl				
I I Alumbuc									

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 \$550.00

^{*} 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)]