| Event Date | 5/22/14 |
|------------|---------|
| Page       | 17      |

## Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full                     |                                       |                                       | ~              |              |             |  |  |
|---|---------------------------------------|---------------------------------------|----------------|--------------|-------------|--|--|
|   |                                       |                                       |                |              |             |  |  |
| Thomas Hayes for Judge Committee To Whom Paid |                                       |                                       |                | 77 T.        |             |  |  |
|   |                                       |                                       | M D            |              | ount        |  |  |
| The Social Room                               |                                       |                                       | 0 5 2 2        | 1 4          | 132.35      |  |  |
| Address                                       | Purpose                               |                                       |                |              |             |  |  |
| 527 Park St.                                  | Drinks, Food & Tip                    |                                       |                |              |             |  |  |
| City  | State                                 | Zip Code                              | Check Number   | Check Number |             |  |  |
| Columbus                                      | O H                                   | 43215                                 | Debit Ca       | rd           |             |  |  |
| To Whom Paid                                  |                                       |                                       | M D            |              | ount        |  |  |
|   |                                       |                                       |                | +            |             |  |  |
| Address                                       | Purpose                               |                                       | 1 ! ! ! !      |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| City  | State                                 | Zip Code                              | Check Number   |              |             |  |  |
|   |                                       | 24                                    | Check Transpor |              |             |  |  |
| T- Miles - Daild                              | <u> </u>                              |                                       | <u> </u>       | V in         |             |  |  |
| To Whom Paid                                  | MD                                    | Y Am                                  | ount           |              |             |  |  |
| ·   | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                |              |             |  |  |
| Address                                       | Purpose                               |                                       |                |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| City  | State                                 | Zip Code                              | Check Number   |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| To Whom Paid                                  | •                                     | •                                     | M D            | Y Ame        | ouni        |  |  |
|   |                                       |                                       |                |              |             |  |  |
| Address                                       | Purpose                               |                                       |                |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| City  | State                                 | Zip Code                              | Check Number   |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| To Whom Paid                                  | )                                     |                                       | M D            | У Апо        | ount        |  |  |
| 10 WIGH PAIG                                  |                                       | 1                                     | oun.           |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| Address                                       | Purpose                               |                                       |                |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| City  | State                                 | Zip Code                              | Check Number   |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| To Whom Paid                                  |                                       |                                       | M D            | Y Ann        | ount        |  |  |
|   |                                       |                                       |                |              |             |  |  |
| Address                                       | Purpose                               |                                       |                |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |
| City State Zip Code                           |                                       |                                       | Check Number   |              |             |  |  |
| J,  | 1                                     |                                       |                |              |             |  |  |
| To Whom Paid                                  | !                                     | _1                                    | M D            | Y Am         | oent        |  |  |
| 10 WIND PAIG                                  |                                       |                                       |                |              | <del></del> |  |  |
|   | <u></u>                               |                                       |                |              |             |  |  |
| Address                                       | Purpose                               |                                       |                |              |             |  |  |
|   | <u> </u>                              |                                       |                |              |             |  |  |
| City  | State                                 | Zip Code                              | Check Number   |              |             |  |  |
|   |                                       |                                       |                |              |             |  |  |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 132.35