

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 Kathleen Lithgow				Registration Number, if PAC	
Street Address 1226 Parkway Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Robert Bernard				Registration Number, if PAC	
Street Address 47 Victorian Gate Way	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Suzanne McLeod				Registration Number, if PAC	
Street Address 1607 Tillinghast Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43228	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Brent Shepard				Registration Number, if PAC	
Street Address 1434 Mulford Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Mary Kahle				Registration Number, if PAC	
Street Address 1211 Elmwood Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor George Celizic				Registration Number, if PAC	
Street Address 5270 Bethel Woods Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Emmett Kelly				Registration Number, if PAC	
Street Address 1977 Wvandotte Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00

* 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)]

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

790.00

Total expenditures this event

0

Page Total \$ **500.00**