31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Thomas Hayes for Judge Committee								
Full Name of Contributor							Registration Number, if PAC	
Dana Lenobel								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
10510 Park Lane,. Apt. 407							Check	
City	State	Zip Code	M	D	Y		Amount	
Cleveland	O | H	44106	07	30	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
Kent McTeague								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1473 Inglis Ave.							Paypal	
City	State	Zip Code	M	D	Y		Amount	
Grandview Heights	O | H	43212	08	15	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
Tom Hatem								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1407 W. Fifth Ave.							Paypal	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43212	08	17	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
William Hayes								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
6 Edgewater							Paypal	
City	State	Zip Code	M	D	Y		Amount	
Terrace Park	O | H	43174	08	17	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
Stephen Hayes								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
515 Spring Ridge Dr.							Paypal	
City	State	Zip Code	M	D	Y		Amount	
Roswell	G | A	30076	08	18	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
Jeanine Hummer								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1795 Edgemont Rd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43212	08	13	14		50.00	
Full Name of Contributor							Registration Number, if PAC	
Nestor Narcelles								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1299 Glenn Ave.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43212	08	23	14		75.00	
Full Name of Contributor							Registration Number, if PAC	
Greg Moody								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1255 Virginia Ave.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	O | H	43212	08	20	14		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)]

Page Total $ 725.00