

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 Helen Miller				Registration Number, if PAC .	
Street Address 1600 Roxbury Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 21
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James Herlihy				Registration Number, if PAC	
Street Address 1899 W. 3rd Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 21
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kent Studebaker				Registration Number, if PAC	
Street Address 1492 Roxbury Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 21
City Marble Cliff	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Melissa Cribbs				Registration Number, if PAC	
Street Address 1154 Parkway Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 21
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Jason Jump				Registration Number, if PAC	
Street Address 1700 W. First Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 21
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Cash		Amount 25.00
Full Name of Contributor Jon Browning				Registration Number, if PAC	
Street Address 243 N. Fifth St., Suite 420	Employer/Occupation/Labor Organization*		M 0	D 8	Y 21
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Catherine Beebe				Registration Number, if PAC	
Street Address 1320 Elmwood Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 21
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

Total expenditures this event

Page Total \$ 450.00