

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 Mary Pilarski Churchill						Registration Number, if PAC						
Street Address 12341 Monkey Hollow Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Sunbury		State O H		Zip Code 43074		M 0 8		D 2 7		Y 1 4		Amount 50.00
Full Name of Contributor Toure McCord: McCord Law Firm, LLC						Registration Number, if PAC						
Street Address 844 S. Front St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43206		M 0 8		D 2 6		Y 1 4		Amount 250.00
Full Name of Contributor Kimberly Cocroft						Registration Number, if PAC						
Street Address 988 Wellington Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal					
City Columbus		State O H		Zip Code 43219		M 0 8		D 2 2		Y 1 4		Amount 100.00
Full Name of Contributor Jenn Slagle						Registration Number, if PAC						
Street Address 214 N. Stanwood Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal					
City Bexley		State O H		Zip Code 43209		M 0 8		D 1 9		Y 1 4		Amount 50.00
Full Name of Contributor Amy Albon						Registration Number, if PAC						
Street Address 1054 Glendale Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal					
City Grandview Heights		State O H		Zip Code 43212		M 0 8		D 2 0		Y 1 4		Amount 200.00
Full Name of Contributor Elizabeth Toman						Registration Number, if PAC						
Street Address 1414 Mulford Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal					
City Columbus		State O H		Zip Code 43212		M 0 8		D 22 3		Y 1 4		Amount 50.00
Full Name of Contributor Fundraiser on 7-24-14						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State 		Zip Code		M 0 7		D 2 4		Y 1 4		Amount 2,215.00
Full Name of Contributor Fundraiser on 8-21-14						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State 		Zip Code		M 0 8		D 2 1		Y 1 4		Amount 1,420.00

* 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 \$ **4,335.00**