

Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Hayes									
Full Name of Contributor William Ireland						Registration Number, if PAC			
Street Address 85 Liberty St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus			State OH		Zip Code 43215		M D Y 10 27 11		Amount 50.00
Full Name of Contributor William Lataow						Registration Number, if PAC			
Street Address 645 Union Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus			State OH		Zip Code 43209		M D Y 10 27 11		Amount 25.00
Full Name of Contributor Mitch Williams						Registration Number, if PAC			
Street Address P.O. Box 761			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus			State OH		Zip Code 43216		M D Y 10 27 11		Amount 25.00
Full Name of Contributor MART JAMES KOWAL						Registration Number, if PAC			
Street Address 215 E. Whittier			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus			State OH		Zip Code 43206		M D Y 10 27 11		Amount 25.00
Full Name of Contributor Lutzman, Heck and Associates						Registration Number, if PAC			
Street Address 580 E. Tenth St			Employer/Occupation/Labor Organization* LAW OFFICE				Form (Cash, Check, etc.) check		
City Columbus			State OH		Zip Code 43215		M D Y 10 27 11		Amount 50.00
Full Name of Contributor Robert Krapping						Registration Number, if PAC			
Street Address 601 S. High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus			State OH		Zip Code 43215		M D Y 10 28 11		Amount 50.00
Full Name of Contributor Paul Scott						Registration Number, if PAC			
Street Address 536 S. High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus			State OH		Zip Code 43215		M D Y 10 27 11		Amount 25.00
Full Name of Contributor Bethanie Timorin Harildstad						Registration Number, if PAC			
Street Address 7144 Hawks corner			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Blanchich			State OH		Zip Code 43004		M D Y 10 28 11		Amount 25.00

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ 275