

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 Eric Stoller						Registration Number, if PAC			
Street Address 1076 Putney Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 7	D 0 5	Y 1 4	Amount 150.00			
Full Name of Contributor Gerald Bowers						Registration Number, if PAC			
Street Address 1277 W. 1st Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grandview Heights	State O H	Zip Code 43212	M 0 6	D 2 3	Y 1 4	Amount 25.00			
Full Name of Contributor Robert Letson						Registration Number, if PAC			
Street Address 5113 Marks Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 7	D 0 9	Y 1 4	Amount 100.00			
Full Name of Contributor Fundraiser 7-12-14						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State 	Zip Code	M 0 7	D 1 2	Y 1 4	Amount 1,450.00			
Full Name of Contributor Dan Headapohl						Registration Number, if PAC			
Street Address 1252 Hope Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 7	D 1 9	Y 1 4	Amount 150.00			
Full Name of Contributor Robert Sternaker						Registration Number, if PAC			
Street Address 1515 Cambridge Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 7	D 1 8	Y 1 4	Amount 100.00			
Full Name of Contributor Sue Foley						Registration Number, if PAC			
Street Address 1898 Sharon Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Columbus	State O H	Zip Code 43214	M 0 7	D 1 5	Y 1 4	Amount 125.00			
Full Name of Contributor Tom Willoughby: Tom Willoughby, LLC						Registration Number, if PAC			
Street Address 297 S. Cassady Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0 7	D 3 0	Y 1 4	Amount 500.00			

* 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 \$ 2,600.00