

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 Alyson Terrell			Registration Number, if PAC	
Street Address 4451 Olentangy Blvd.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 25.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Nick Vassv			Registration Number, if PAC	
Street Address 145 E. Rich St., 2nd Floor	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Barry Wilford			Registration Number, if PAC	
Street Address 481 E. Sycamore St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43206	Form(Cash,Check,etc) Check	
Full Name of Contributor Nathan Yohev			Registration Number, if PAC	
Street Address 57 W. Lincoln St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 30.00
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) Check	
Full Name of Contributor David Stebbins			Registration Number, if PAC	
Street Address 544 Piedmont Rd.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 100.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Joy Macke			Registration Number, if PAC	
Street Address 1623 Clifton Ave.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 4	Amount 49.00
City Columbus	State O H	Zip Code 43203	Form(Cash,Check,etc) Paypal	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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

2550.00

Total expenditures this event

0

Page Total \$ **404.00**