

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 Fundraiser on 8-28-14					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
	I		0	8	2	1	1,750.00
Full Name of Contributor Mary Younger					Registration Number, if PAC		
Street Address 215 Whittier St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43206	M 0	D 9	Y 0	Amount 40.00	
Full Name of Contributor Chloe Dodgion					Registration Number, if PAC		
Street Address 3700 Rivervail Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43221	M 0	D 8	Y 2	Amount 100.00	
Full Name of Contributor Reese Dodgion					Registration Number, if PAC		
Street Address 3700 Rivervail Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus	State O H	Zip Code 43221	M 0	D 8	Y 2	Amount 100.00	
Full Name of Contributor John Allison II					Registration Number, if PAC		
Street Address 963 Dennison Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43201	M 0	D 9	Y 0	Amount 150.00	
Full Name of Contributor Shad Phipps					Registration Number, if PAC		
Street Address 4333 Reed Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43220	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor Stonewall Democrats of Ohio					Registration Number, if PAC		
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 0	Amount 200.00	
Full Name of Contributor Kathy Masters					Registration Number, if PAC		
Street Address 471 Whetstone River Rd. N.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Caledonia	State O H	Zip Code 43314	M 0	D 9	Y 2	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)]

Page Total \$ **2,540.00**