

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Thomas Hayes for Judge Committee									
To Whom Paid Fifth Third Bank						M	D	Y	Amount
						0	5	2	9
						1	4		500.00
Address 809 S. High St.			Purpose Returned Donation Check from Jami Oliver						
City Columbus			State O H		Zip Code 43206		Check Number Auto Debit		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount