

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 Jason Inman			Registration Number, if PAC			
Street Address 3179 Fontaine Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14	Amount 60.00
City Columbus	State OH	Zip Code 43232	Form(Cash,Check,etc) Cash			
Full Name of Contributor John Keeling			Registration Number, if PAC			
Street Address 679 Overbrook Dr.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Cash			
Full Name of Contributor John Kukura			Registration Number, if PAC			
Street Address 1435 Cambridge Blvd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14	Amount 250.00
City Marble Cliff	State OH	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Joe Landuskv			Registration Number, if PAC			
Street Address 901 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14	Amount 200.00
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Melissa Lindsav			Registration Number, if PAC			
Street Address 43 Winner Ave.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14	Amount 50.00
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Luftman, Heck & Assoc. LLP			Registration Number, if PAC			
Street Address 580 Rich St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Kevin Mulrane			Registration Number, if PAC			
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 14	Amount 50.00
City Columbus	State OH	Zip Code 43221	Form(Cash,Check,etc) Cash			

* 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

Total expenditures this event

Page Total \$ 810.00