

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 Stephanie Union				Registration Number, if PAC .	
Street Address 549 Poe Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor William Riesenberger				Registration Number, if PAC	
Street Address 1132 Grandview Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Scott Shortridge				Registration Number, if PAC	
Street Address 489 Wooten Ct. S.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check		Amount 40.00
Full Name of Contributor Jeffrey Furbee				Registration Number, if PAC	
Street Address 969 Woodhill Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Donald Junker				Registration Number, if PAC	
Street Address 1430 Mulford Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 14
City Columbus	State OH	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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 \$ 290.00