

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Morehart for Judge</b>							
Full Name of Contributor <b>Scott &amp; Nolder Co., LPA</b>				Registration Number, if PAC			
Street Address <b>35 E. Livingston Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Nancy Wonnell</b>				Registration Number, if PAC			
Street Address <b>336 S. High St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Kristie Williams</b>				Registration Number, if PAC			
Street Address <b>1100 Oxfordshire Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43228</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Norman Whiteside</b>				Registration Number, if PAC			
Street Address <b>1085 Trentwood Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>James Roberts</b>				Registration Number, if PAC			
Street Address <b>155 W. Main St., Suite 100</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Josh Ricker</b>				Registration Number, if PAC			
Street Address <b>8008 Tree Lake Blvd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	100.00
City <b>Powell</b>		State <b>O</b>	Zip Code <b>43065</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Gregory Kostelac</b>				Registration Number, if PAC			
Street Address <b>155 W. Main St., Suite 803</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	7	1	50.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			

\* 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 b 0

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

**810**

Total expenditures this event

**n/a**

Page Total \$ 500.00