

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge					
Full Name of Contributor Eric Hoffman				Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 12
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor Mary Fenlon				Registration Number, if PAC	
Street Address 3919 Rue De Brittany	Employer/Occupation/Labor Organization*		M 0	D 7	Y 12
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Troy Doucet				Registration Number, if PAC	
Street Address 700 Stonehenge Parkway, Suite 2B	Employer/Occupation/Labor Organization*		M 0	D 7	Y 12
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Melissa Black				Registration Number, if PAC	
Street Address 727 Montrose Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 12
City Bexlev	State O	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00
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
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 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

Page Total \$ **310.00**