

## 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>Pamela Simmons</b>				Registration Number, if PAC			
Street Address <b>2581 E. 5th Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	15	50.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43219</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Robert Sauter</b>				Registration Number, if PAC			
Street Address <b>1135 Regency Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	15	100.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Richard Radcliff</b>				Registration Number, if PAC			
Street Address <b>4686 Heatherblend Ct.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	15	75.00
City <b>Grove City</b>	State <b>O</b>	H	Zip Code <b>43123</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>William Lazarow</b>				Registration Number, if PAC			
Street Address <b>945 Vernon Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	15	100.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Darlene Lazarow</b>				Registration Number, if PAC			
Street Address <b>392 S. Merkle Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	15	50.00
City <b>Bexley</b>	State <b>O</b>	H	Zip Code <b>43209</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Joseph LaRosa</b>				Registration Number, if PAC			
Street Address <b>1721 Borrow Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	15	100.00
City <b>Grove City</b>	State <b>O</b>	H	Zip Code <b>43123</b>	Form(Cash,Check,etc) <b>Check</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
				1	0	15	50.00
City <b>Columbus</b>	State <b>O</b>	H	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

**700**

Total expenditures this event

**204.41**

Page Total \$ **525.00**