

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 Jeremy Dodgion				Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Kristie Williams				Registration Number, if PAC	
Street Address 1100 Oxfordshire Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43228	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor William Lazarow				Registration Number, if PAC	
Street Address 400 S. 5th St., Suite 301	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 75.00
Full Name of Contributor Rebecca Gooch				Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Janet Grubb				Registration Number, if PAC	
Street Address 225 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc) Check		Amount 75.00
Full Name of Contributor John Johnson				Registration Number, if PAC	
Street Address 501 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Robert Behal				Registration Number, if PAC	
Street Address 2531 Brentwood Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Bexley	State OH	Zip Code 43209	Form (Cash, Check, etc) Check		Amount 100.00

* 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

\$2,295.00

Total expenditures this event

0.00

Page Total \$ 750.00