

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 Dennis Kaps				Registration Number, if PAC	
Street Address 61 Leland Ave.	Employer/Occupation/Labor Organization*		M 11	D 01	Y 15
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Check		Amount 35.00
Full Name of Contributor Kevin Durkin				Registration Number, if PAC	
Street Address 367 E. Broad St.	Employer/Occupation/Labor Organization*		M 11	D 01	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Thomas Martello				Registration Number, if PAC	
Street Address 995 S. High St.	Employer/Occupation/Labor Organization*		M 11	D 01	Y 15
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Svdow Leis LLC				Registration Number, if PAC	
Street Address 155 W. Main St. Suite 200A	Employer/Occupation/Labor Organization*		M 11	D 01	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 75.00
Full Name of Contributor Michael McElligott				Registration Number, if PAC	
Street Address 511 E. Jeffrev Pl.	Employer/Occupation/Labor Organization*		M 11	D 01	Y 15
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Karen Ball				Registration Number, if PAC	
Street Address PO Box 2813	Employer/Occupation/Labor Organization*		M 11	D 01	Y 15
City Columbus	State OH	Zip Code 43216	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Nina Scopetti				Registration Number, if PAC	
Street Address 155 W. Main St., Suite 100	Employer/Occupation/Labor Organization*		M 11	D 01	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 50.00

* 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

\$1,090.00

Total expenditures this event

0.00

Page Total \$ **460.00**