

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 Katherine Press				Registration Number, if PAC	
Street Address 4353 Oak Wood Ct.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 7	Amount 125.00
City Dublin	State O H	Zip Code 43016		Form(Cash,Check,etc) Check	
Full Name of Contributor Martha Lighttiser				Registration Number, if PAC	
Street Address 3639 Killington St.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 7	Amount 125.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor David Young for Judge Committee				Registration Number, if PAC	
Street Address 146-D Granville St.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 7	Amount 150.00
City Gahanna	State O H	Zip Code 43230		Form(Cash,Check,etc) Check	
Full Name of Contributor Brandon Inscho				Registration Number, if PAC	
Street Address 2780 Kensington Place E.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 7	Amount 50.00
City Columbus	State O H	Zip Code 43202		Form(Cash,Check,etc) Check	
Full Name of Contributor Jo Kaiser				Registration Number, if PAC	
Street Address 389 Library Park Ct.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 7	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor John Saia				Registration Number, if PAC	
Street Address 713 S. Front St.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 7	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Jeffrey M. Brown for Judge Committee				Registration Number, if PAC	
Street Address 225 E. Broad St., 4th Flr.		Employer/Occupation/Labor Organization*		M D Y 0 3 0 8 1 7	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	

* 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

\$ 2,025

Total expenditures this event

375.00

Page Total \$ **900.00**