

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 Weis & O'Connor, LLC				Registration Number, if PAC			
Street Address 22 E. Gay St., Suite 401		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	375.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Plymale & Dingus, LLC				Registration Number, if PAC			
Street Address 250 Civic Center Dr., Suite 600		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Eimear Bahnson				Registration Number, if PAC			
Street Address 2151 W. Lane Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	200.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Nicole Churchill				Registration Number, if PAC			
Street Address 33 E. Lowell Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	200.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Brett Miller				Registration Number, if PAC			
Street Address 38 E. Mithoff St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	125.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Wolfe Law Group, LLC				Registration Number, if PAC			
Street Address 1350 W. 5th Ave., Suite 124		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	125.00
City Columbus		State O H	Zip Code 43212	Form(Cash,Check,etc) Check			
Full Name of Contributor Elizabeth Gill				Registration Number, if PAC			
Street Address 33 E. Columbus St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43206	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

4,350.00

Total expenditures this event

667.14

Page Total \$ 1,375.00