

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 Luther Liggett					Registration Number, if PAC		
Street Address 5053 Grassland Dr.		Employer Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 50.00
City Dublin	State O H	Zip Code 43016		Form(Cash,Check,etc) Check			
Full Name of Contributor Laura Adkins Helbrecht					Registration Number, if PAC		
Street Address 502 S. 3rd St.		Employer Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Kevin Durkin					Registration Number, if PAC		
Street Address 367 E. Broad St., Suite 804		Employer Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Lynda Avish					Registration Number, if PAC		
Street Address 55 W. Livingston Ave., Apt. 210		Employer Occupation/Labor Organization*		M 1	D 1	Y 0	Amount 75.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer Occupation/Labor Organization*		M	D	Y	Amount
City	State	Zip Code		Form(Cash,Check,etc)			

* 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

\$1,075

Total expenditures this event

0.00

Page Total \$ **275.00**