

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 Eric Burden				Registration Number, if PAC	
Street Address 4347 Manor Ct. E.	Employer/Occupation/Labor Organization*		M 110	D 114	Y 115
City Dublin	State O H	Zip Code 43017	Form(Cash,Check,etc) Check		
Full Name of Contributor Stephen Mover				Registration Number, if PAC	
Street Address 6750 Sunburv Rd.	Employer/Occupation/Labor Organization*		M 110	D 114	Y 115
City Westerville	State O H	Zip Code 43082	Form(Cash,Check,etc) Check		
Full Name of Contributor Joe Scott				Registration Number, if PAC	
Street Address 35 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M 110	D 114	Y 115
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Nancy Wonnell				Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M 110	D 114	Y 115
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Melissa Black				Registration Number, if PAC	
Street Address 727 Montrose Ave.	Employer/Occupation/Labor Organization*		M 110	D 114	Y 115
City Bexlev	State O H	Zip Code 43209	Form(Cash,Check,etc) Check		
Full Name of Contributor Norma Grubb				Registration Number, if PAC	
Street Address 708 Bower Hill Rd.	Employer/Occupation/Labor Organization*		M 110	D 114	Y 115
City Pittsburgh	State P A	Zip Code 15243	Form(Cash,Check,etc) Check		
Full Name of Contributor Julia Dorrian				Registration Number, if PAC	
Street Address 106 Montrose Wav	Employer/Occupation/Labor Organization*		M 110	D 114	Y 115
City Columbus	State O H	Zip Code 43214	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

\$1,075.00

Total expenditures this event

0.00

Page Total \$ **1,025.00**