

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 Michael McElligott				Registration Number, if PAC	
Street Address 511 E. Jeffrev Pl.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 15
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.)		Amount 50.00
Full Name of Contributor Shawn Dingus				Registration Number, if PAC	
Street Address 250 Civic Center Dr., Suite 600	Employer/Occupation/Labor Organization*		M 0	D 9	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount 200.00
Full Name of Contributor Dean Kinsley				Registration Number, if PAC	
Street Address 1111 Dublin Rd.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.)		Amount 100.00
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 	D 	Y
City	State 	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor Jennifer Flint				Registration Number, if PAC	
Street Address 6908 Perry Dr.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 15
City Columbus	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check		Amount 50.00
Full Name of Contributor William Lazarow				Registration Number, if PAC	
Street Address 400 S. 5th St. Suite 301	Employer/Occupation/Labor Organization*		M 0	D 9	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount 375.00
Full Name of Contributor Harry Reinhart				Registration Number, if PAC	
Street Address 400 S. 5th St. Suite 301	Employer/Occupation/Labor Organization*		M 0	D 9	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount 25.00

* 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

\$7,000.00

Total expenditures this event

0.00

Page Total \$ 800.00