

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 Robert Washburn				Registration Number, if PAC			
Street Address 5277 Infinity Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	200.00
City Grove City		State O H	Zip Code 43213	Form(Cash,Check,etc) Check			
Full Name of Contributor Mark C Collins Co., LPA				Registration Number, if PAC			
Street Address 492 S. High St., 3rd Flr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	125.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Kristie Williams				Registration Number, if PAC			
Street Address 1100 Oxfordshire Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43228	Form(Cash,Check,etc) Check			
Full Name of Contributor Jessica Goldman				Registration Number, if PAC			
Street Address 300 W. Spring St., Unit 502		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	50.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Blythe Bethel				Registration Number, if PAC			
Street Address 250 Civic Center Dr., Suite 600		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	125.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Leeann Massucci				Registration Number, if PAC			
Street Address 2509 Canterbury Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	500.00
City Columbus		State O H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Stonewall Democrats of Center Ohio PAC				Registration Number, if PAC			
Street Address 340 E. Fulton St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
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

4,350.00

Total expenditures this event

667.14

Page Total \$ 1,200.00