

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 Courtney Zollars				Registration Number, if PAC	
Street Address 1951 Friston Blvd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check		
Full Name of Contributor Brian Shinn				Registration Number, if PAC	
Street Address 137 Morse Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State O	Zip Code 43214	Form(Cash,Check,etc) Check		
Full Name of Contributor Julie Van de Mark				Registration Number, if PAC	
Street Address 481 E. Svcamore St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		
Full Name of Contributor Jeffrey Mackey				Registration Number, if PAC	
Street Address 1538 Melrose Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State O	Zip Code 43224	Form(Cash,Check,etc) Check		
Full Name of Contributor Julia Leveridge-Hickey				Registration Number, if PAC	
Street Address 333 E. Svcamore St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State O	Zip Code 43206	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 0	D 8	Y 15
City Columbus	State O	Zip Code 43228	Form(Cash,Check,etc) Check		
Full Name of Contributor Jo Kaiser				Registration Number, if PAC	
Street Address 389 Librarv Park Ct.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State O	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

\$2,890.00

Total expenditures this event

47.99

Page Total \$ **525.00**