

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 Andy Callif				Registration Number, if PAC	
Street Address 350 S. High St.	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1 0 1 5
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Kristin Bryant				Registration Number, if PAC	
Street Address 6644 Rosetree Dr.	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1 0 1 5
City Reynoldsburg	State O H	Zip Code 43068	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Kelly Boller				Registration Number, if PAC	
Street Address 666 High St.	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1 0 1 5
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Lara Baker-Morrish				Registration Number, if PAC	
Street Address 8015 Riverside Dr.	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1 0 1 5
City Dublin	State O H	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Abe Baghat				Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*		M 1	D 2	Y 1 0 1 5
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check		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				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form(Cash,Check,etc)		Amount

* 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

4,840.00

Total expenditures this event

0.00

Page Total \$ **775.00**