

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 Timothy D'Angelo				Registration Number, if PAC			
Street Address 33 E. Columbus St.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	H H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Mary Woods				Registration Number, if PAC			
Street Address 1022 Blind Brook Dr.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	H H	Zip Code 43235	Form(Cash,Check,etc) Check			
Full Name of Contributor John P. Johnson Law Office LLC				Registration Number, if PAC			
Street Address 501 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 125.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Bob Behal				Registration Number, if PAC			
Street Address 501 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Aaron Wiseman				Registration Number, if PAC			
Street Address 501 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Eric Hoffman				Registration Number, if PAC			
Street Address 338 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Nicholas Vassay				Registration Number, if PAC			
Street Address 145 E. Rich St.		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 300.00
City Columbus	State O	H 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 \$ 925.00