

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 Kevin Mulrane				Registration Number, if PAC	
Street Address 1527 Doone Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43221	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Deborah Murrav				Registration Number, if PAC	
Street Address 835 Strimple Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43229	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Dennis Kaps				Registration Number, if PAC	
Street Address 61 Leland Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43214	Form(Cash, Check, etc) Check		Amount 75.00
Full Name of Contributor Bill Hedrick				Registration Number, if PAC	
Street Address 535 W. 1st Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 25.00
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
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

\$2,295.00

Total expenditures this event

0.00

Page Total \$ **200.00**