

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 Halabi Law, LLC					Registration Number, if PAC			
Street Address 88 W. Main St.		Employer/Occupation/Labor Organization*			M	D	Y	Amount
					0	2	0	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Mulaski, Bonham, Dittmer & Phillips								
Street Address 107 W. Johnstown Rd.					Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	2	0	150.00			
City Columbus		State O	H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Dennis McNamara								
Street Address 3966 Fairlington Dr.					Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	2	0	50.00			
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Linda Burden								
Street Address 4347 Manor Ct. E.					Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	2	0	125.00			
City Dublin		State O	H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Eric Burden								
Street Address 4347 Manor Ct. E.					Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	2	0	125.00			
City Dublin		State O	H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor Toure McCord <i>* Ct. Appointment List</i>								
Street Address 844 S. Front St.					Registration Number, if PAC			
Employer/Occupation/Labor Organization* <i>Self / Attorney</i>		M	D	Y	Amount			
		0	2	0	100.00			
City Columbus		State O	H	Zip Code 43206	Form(Cash,Check,etc) Cash			
Full Name of Contributor Michael Probst								
Street Address 2020 Pevensey Ct.					Registration Number, if PAC			
Employer/Occupation/Labor Organization*		M	D	Y	Amount			
		0	2	0	100.00			
City Columbus		State O	H	Zip Code 43220	Form(Cash,Check,etc) Cash			

* 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

\$ 6,310

Total expenditures this event

782.00

Page Total \$ **750.00**