

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 Larry Goldin				Registration Number, if PAC	
Street Address 542 S. Drexel Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Bexlev	State OH	Zip Code	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Jeff Moore				Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 50.00
Full Name of Contributor Joel Campbell				Registration Number, if PAC	
Street Address 575 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor James Chapman				Registration Number, if PAC	
Street Address 7100 N. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Worthington	State OH	Zip Code 43085	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John Yanklevich				Registration Number, if PAC	
Street Address 100 E. Main St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Rvan Scott				Registration Number, if PAC	
Street Address 115 W. Main St., Suite LL50	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Janet Grubb				Registration Number, if PAC	
Street Address 225 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 100.00

* 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

\$775.00

Total expenditures this event

0.00

Page Total \$ **600.00**