

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 Marie Jhuana				Registration Number, if PAC	
Street Address 2960 Wicklow Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Ernst Wehausen				Registration Number, if PAC	
Street Address 128 E. Oakland Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Nancy Kellum				Registration Number, if PAC	
Street Address 466 E. Sycamore dt.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Francine Rvan				Registration Number, if PAC	
Street Address 125 Frankfort Sq.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 25.00
Full Name of Contributor Marv Jo Kilrov				Registration Number, if PAC	
Street Address 3100 Midgard Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43202	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Thomas Shanahan				Registration Number, if PAC	
Street Address 931 Euclaire Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Bexlev	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Teresa Edwards				Registration Number, if PAC	
Street Address PO Box 126	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Galloway	State OH	Zip Code 43119	Form(Cash,Check,etc) Check		Amount 75.00

* 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

\$2,890.00

Total expenditures this event

47.99

Page Total \$ **425.00**