

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 Thomas Charlesworth				Registration Number, if PAC			
Street Address 765 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 150.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Jeremy Dodgion Attorney at Law Co., LPA				Registration Number, if PAC			
Street Address 1188 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 300.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Luftman, Heck & Associates, LLP				Registration Number, if PAC			
Street Address 580 E. Rich St.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 75.00
City Columbus		State O H	Zip Code 4315	Form(Cash,Check,etc) Check			
Full Name of Contributor Lewis Dye				Registration Number, if PAC			
Street Address 555 S. 3rd St.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Blake Law Firm Co., LLC				Registration Number, if PAC			
Street Address 580 S. High St., Suite 200		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 150.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul Scott Co., LPA				Registration Number, if PAC			
Street Address 536 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Mark C. Collins Co., LPA				Registration Number, if PAC			
Street Address 492 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 7	Y 2	Amount 150.00
City Columbus		State O 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 b 0

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

2,420

Total expenditures this event

210.00

Page Total \$ **1,325.00**