

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 Kellev Boller				Registration Number, if PAC	
Street Address 666 High St. Suite 200B	Employer/Occupation/Labor Organization*		M 07	D 16	Y 15
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Ed Emswelder				Registration Number, if PAC	
Street Address 2121 Bethel Rd., Suite 5	Employer/Occupation/Labor Organization*		M 07	D 16	Y 15
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc) Cash		Amount 30.00
Full Name of Contributor Garv Phillips				Registration Number, if PAC	
Street Address 823 Katherines Wood Dr.	Employer/Occupation/Labor Organization*		M 07	D 16	Y 15
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc) Cash		Amount 100.00
Full Name of Contributor Zachary Moore				Registration Number, if PAC	
Street Address 100 E. Main St.	Employer/Occupation/Labor Organization*		M 07	D 16	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor Tim Doughligetv				Registration Number, if PAC	
Street Address 1308 W. Mound St.	Employer/Occupation/Labor Organization*		M 07	D 16	Y 15
City Columbus	State OH	Zip Code 43223	Form (Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor T.J. Kagev				Registration Number, if PAC	
Street Address 12248 Tanglewood Ln.	Employer/Occupation/Labor Organization*		M 07	D 16	Y 15
City Pickerington	State OH	Zip Code 43137	Form (Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor Rich Radcliff				Registration Number, if PAC	
Street Address 4686 Heatherblend Ct.	Employer/Occupation/Labor Organization*		M 07	D 16	Y 15
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc) Cash		Amount 50.00

* 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

\$ 1,220.00

Total expenditures this event

301.00

Page Total \$ **380.00**