

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 Frederick D. Benton Jr LPA				Registration Number, if PAC	
Street Address 98 Hamilton Park	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) 43203		Amount 250.00
Full Name of Contributor Primas Rentals, LLC				Registration Number, if PAC	
Street Address 667 Brent Blvd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43228	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Maguire and Schneider, LLP				Registration Number, if PAC	
Street Address 1650 Lake Shore Dr., Suite 150	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Crabbe, Brown and James, LLC				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 350.00
Full Name of Contributor Thomas Tyack				Registration Number, if PAC	
Street Address 8235 Chippenham Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City Dublin	State O	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Gregg Slemmer				Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Michael Rourke				Registration Number, if PAC	
Street Address 495 S. High St., Suite 450	Employer/Occupation/Labor Organization*		M 1	D 0	Y 5
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 125.00

* 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 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

2,950

Total expenditures this event

n/a

Page Total \$ **1,475.00**