

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 Dan Sabol				Registration Number, if PAC	
Street Address 580 E. Rich St.		Employer/Occupation/Labor Organization*		M D Y 07 16 15	Amount 40.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc) Cash	
Full Name of Contributor Ira Sully					
Street Address 844 S. Front St.		Employer/Occupation/Labor Organization*		M D Y 07 16 15	Amount 50.00
City Columbus	State OH	Zip Code 43206		Form (Cash, Check, etc) Check	
Full Name of Contributor Jeffrey Mackey					
Street Address 1538 Melrose Dr.		Employer/Occupation/Labor Organization*		M D Y 07 16 15	Amount 50.00
City Columbus	State OH	Zip Code 43224		Form (Cash, Check, etc) Check	
Full Name of Contributor Paul Morrison					
Street Address 1001 Esther Dr.		Employer/Occupation/Labor Organization*		M D Y 07 16 15	Amount 50.00
City Columbus	State OH	Zip Code 43207		Form (Cash, Check, etc) Check	
Full Name of Contributor John Galasso					
Street Address 2229 Bluebell Lane		Employer/Occupation/Labor Organization*		M D Y 07 16 15	Amount 100.00
City Grove City	State OH	Zip Code 43123		Form (Cash, Check, etc) Check	
Full Name of Contributor David Rowland					
Street Address 10705 Snyder Church Rd. NW		Employer/Occupation/Labor Organization*		M D Y 07 16 15	Amount 50.00
City Baltimore	State OH	Zip Code 43105		Form (Cash, Check, etc) Check	
Full Name of Contributor Umberto Debeneditto					
Street Address 2176 Victoria Park Dr.		Employer/Occupation/Labor Organization*		M D Y 07 16 15	Amount 50.00
City Columbus	State OH	Zip Code 43235		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 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 \$ 390.00