

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 Bradley Koffel				Registration Number, if PAC			
Street Address 1801 Watermark Dr., Suite 350		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	500.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc) Check			
Full Name of Contributor Scot Dewhirst				Registration Number, if PAC			
Street Address 560 E. Town St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc) Check			
Full Name of Contributor Bill Hedrick				Registration Number, if PAC			
Street Address 535 W. 1st Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	50.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc) Check			
Full Name of Contributor Richanne Zvmkoski				Registration Number, if PAC			
Street Address 2128 Poplar St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus	State OH	Zip Code 43207		Form (Cash, Check, etc) Check			
Full Name of Contributor John Fitch				Registration Number, if PAC			
Street Address 580 S. High St., Suite 100		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc) Check			
Full Name of Contributor Jeffrey Smith				Registration Number, if PAC			
Street Address 773 Dennison Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	100.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc) Check			
Full Name of Contributor Carl Aveni				Registration Number, if PAC			
Street Address 366 E. Broad St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	1	250.00
City Columbus	State OH	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 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

\$7,000.00

Total expenditures this event

0.00

Page Total \$ **1,200.00**