

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 Nancy Kellum				Registration Number, if PAC			
Street Address 466 E. Sycamore St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	24	25.00
City Columbus	State OH	Zip Code 43206		Form(Cash, Check, etc) Check			
Full Name of Contributor John Schilling				Registration Number, if PAC			
Street Address 1156 Cloverknoll Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	24	150.00
City Columbus	State OH	Zip Code 43235		Form(Cash, Check, etc) Check			
Full Name of Contributor Toure McCord				Registration Number, if PAC			
Street Address 844 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	24	90.00
City Columbus	State OH	Zip Code 43215		Form(Cash, Check, etc) Cash			
Full Name of Contributor Eric Hoffman				Registration Number, if PAC			
Street Address Best Efforts		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	24	100.00
City Columbus	State OH	Zip Code 43215		Form(Cash, Check, etc) Cash			
Full Name of Contributor Jennifer Stires				Registration Number, if PAC			
Street Address 258 Canvon Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	24	100.00
City Columbus	State OH	Zip Code 43214		Form(Cash, Check, etc) Check			
Full Name of Contributor Suzanne Rucker				Registration Number, if PAC			
Street Address Best Efforts		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	24	25.00
City Columbus	State OH	Zip Code 43215		Form(Cash, Check, etc) Cash			
Full Name of Contributor Tony Clvmer				Registration Number, if PAC			
Street Address 1420 Matthias Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	24	150.00
City Columbus	State OH	Zip Code 43224		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

\$4,565.00

Total expenditures this event

1,020.00

Page Total \$ **640.00**