

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 Anne O'Leary				Registration Number, if PAC	
Street Address 845 Mueller Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Reynoldsburg	State O	Zip Code 43068	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Merisa Bowers				Registration Number, if PAC	
Street Address 400 S. 5th St., Suite 101	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 25.00	Form(Cash,Check,etc) Check	
Full Name of Contributor George McCue				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43215	Amount 250.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Jeremy Dodgion				Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43206	Amount 200.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Luther Liggett				Registration Number, if PAC	
Street Address 5053 Grassland Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Dublin	State O	Zip Code 43016	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas Charleswoth				Registration Number, if PAC	
Street Address 1654 E. Broad St., Suite 301	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43203	Amount 100.00	Form(Cash,Check,etc) Check	
Full Name of Contributor Janet Jackson				Registration Number, if PAC	
Street Address 2865 Castlewood Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State O	Zip Code 43209	Amount 150.00	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

\$1,075.00

Total expenditures this event

158.95

Page Total \$ **1,075.00**