

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Ludge							
Full Name of Contributor Marie Ihuana				Registration Number, if PAC			
Street Address 2960 Wicklow Rd.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 100.00
City Columbus	State OH	Zip Code 43204		Form(Cash, Check, etc) Check			
Full Name of Contributor Ernst Wehausen				Registration Number, if PAC			
Street Address 128 E. Oakland Ave.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 50.00
City Columbus	State OH	Zip Code 43201		Form(Cash, Check, etc) Check			
Full Name of Contributor Nancy Kellum				Registration Number, if PAC			
Street Address 466 E. Sycamore dt.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 25.00
City Columbus	State OH	Zip Code 43206		Form(Cash, Check, etc) Check			
Full Name of Contributor Francine Rvan				Registration Number, if PAC			
Street Address 125 Frankfort Sq.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 25.00
City Columbus	State OH	Zip Code 43206		Form(Cash, Check, etc) Check			
Full Name of Contributor Marv Jo Kilrov				Registration Number, if PAC			
Street Address 3100 Midgard Rd.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 75.00
City Columbus	State OH	Zip Code 43202		Form(Cash, Check, etc) Check			
Full Name of Contributor Thomas Shanahan				Registration Number, if PAC			
Street Address 931 Euclaire Ave.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 75.00
City Bexlev	State OH	Zip Code 43209		Form(Cash, Check, etc) Check			
Full Name of Contributor Teresa Edwards				Registration Number, if PAC			
Street Address PO Box 126		Employer/Occupation/Labor Organization*		M 0	D 8	Y 1	Amount 75.00
City Galloway	State OH	Zip Code 43119		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

\$2,890.00

Total expenditures this event

47.99

Page Total \$ **425.00**