

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 Steven Ball				Registration Number, if PAC	
Street Address 1010 Old Hendeson Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43220	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor David Young for Jude Committee				Registration Number, if PAC	
Street Address 146-D Granville St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash, Check, etc) Check		Amount -100.00
Full Name of Contributor Committee for Chris Brown for Judge				Registration Number, if PAC	
Street Address 601 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Mark Serrott				Registration Number, if PAC	
Street Address 789 Northwest Blvd, Apt. A.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43212	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Thomas Gjostein				Registration Number, if PAC	
Street Address 6720 Havhurst St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43085	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Terrance Roberts				Registration Number, if PAC	
Street Address 3637 Sunset Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43221	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Phillip Templeton				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00

* 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

\$7,890.00

Total expenditures this event

47 00

Page Total \$ **750.00**