

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 James Lyle				Registration Number, if PAC	
Street Address 596 Havmore Ave. N.		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 1	Amount 75.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Abe Bahgat					
Street Address 338 S. High St.		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 150.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Richanne Zymkoski					
Street Address 2128 Poplar St.		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43207	Y 1	Amount 50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor George McCue					
Street Address 500 S. Front St., Suite 1200		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 250.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Bill Hedrick					
Street Address 535 W. 1st Ave.		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Melissa Fuhrman					
Street Address 1998 Willoway Ct. N.		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43220	Y 1	Amount 50.00
				Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Washburn					
Street Address 225 Eastmoor Blvd.		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43209	Y 1	Amount 200.00
				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

\$4,565.00

Total expenditures this event

1,020.00

Page Total \$ **875.00**