

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 David Pariser | | | | Registration Number, if PAC | | | |
| Street Address 2557 Bexley Park Rd. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 05 | 100.00 |
| City Bexley | State O | H | Zip Code 43209 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Eileen Paley | | | | Registration Number, if PAC | | | |
| Street Address 64 Granville St. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 05 | 25.00 |
| City Columbus | State O | H | Zip Code 43230 | Form(Cash,Check,etc) Cash | | | |
| Full Name of Contributor George McCue | | | | Registration Number, if PAC | | | |
| Street Address 4598 Bridle Path Lane | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 05 | 600.00 |
| City Dublin | State O | H | Zip Code 43017 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Haley Lewis | | | | Registration Number, if PAC | | | |
| Street Address 4474 Summit Ridge Dr. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 05 | 150.00 |
| City Columbus | State O | H | Zip Code 43220 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Joseph Landusky | | | | Registration Number, if PAC | | | |
| Street Address 901 S. High St. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 05 | 300.00 |
| City Columbus | State O | H | Zip Code 43206 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor Bill Hannigan | | | | Registration Number, if PAC | | | |
| Street Address 7715 Tripoli Ct. | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 05 | 100.00 |
| City Dublin | State O | H | Zip Code 43016 | Form(Cash,Check,etc) Check | | | |
| Full Name of Contributor John Bates | | | | Registration Number, if PAC | | | |
| Street Address 495 S. High St., Suite 400 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 1 | 0 | 05 | 200.00 |
| City Columbus | State O | H | Zip Code 43215 | 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 b-0

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

2,950

Total expenditures this event

n/a

Page Total \$ **1,475.00**