

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 Gayle Westbrook			Registration Number, if PAC		
Street Address 1033 Marland Dr. N.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Ira Sully			Registration Number, if PAC		
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Cheryl Sullivan			Registration Number, if PAC		
Street Address 1866 Berkley Rd.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Columbus	State O	Zip Code 43207	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Robert Shirk			Registration Number, if PAC		
Street Address 5799 Killiney Ln.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Dublin	State O	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor John Ryerson			Registration Number, if PAC		
Street Address 417 Chase Ave.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Gambier	State O	Zip Code 43022	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Kathryn Green			Registration Number, if PAC		
Street Address 458 E. Whittier St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Dwight Garner			Registration Number, if PAC		
Street Address 895 Beech St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 08
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 50.00

* 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

425.00

Total expenditures this event

n/a

Page Total \$ 425.00