

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 Lisa Johrendt				Registration Number, if PAC	
Street Address 424 Tarpon Blvd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Fripp Island	State S I C	Zip Code 29920	Form(Cash,Check,etc) Check		
Full Name of Contributor Thomas Friedman				Registration Number, if PAC	
Street Address 502 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State O I H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Laura Peterman				Registration Number, if PAC	
Street Address 239 Baker Lake Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Westerville	State O I H	Zip Code 43081	Form(Cash,Check,etc) Check		
Full Name of Contributor Laura McGregor Comek				Registration Number, if PAC	
Street Address 7983 Luckstone Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Dublin	State O I H	Zip Code 43017	Form(Cash,Check,etc) Check		
Full Name of Contributor Joel Campbell				Registration Number, if PAC	
Street Address 575 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State O I H	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Kristie Campbell				Registration Number, if PAC	
Street Address 1100 Oxfordshire Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State O I H	Zip Code 43228	Form(Cash,Check,etc) Check		
Full Name of Contributor Erika Smitherman				Registration Number, if PAC	
Street Address 6576 Braddock Pl.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Canal Winchester	State O I H	Zip Code 43110	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 \$ **1,150.00**