

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	Y 15
City Worthington	State OH	Zip Code 43085	Form(Cash, Check, etc) Check		Amount 75.00
Full Name of Contributor Abe Bahgat				Registration Number, if PAC	
Street Address 338 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Richanne Zvmkoski				Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43207	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor George McCue				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 1200	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Bill Hedrick				Registration Number, if PAC	
Street Address 535 W. 1st Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Melissa Fuhrman				Registration Number, if PAC	
Street Address 1998 Willoway Ct. N.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43220	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Robert Washburn				Registration Number, if PAC	
Street Address 225 Eastmoor Blvd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash, Check, etc) Check		Amount 200.00

* 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

\$4,565.00

Total expenditures this event

1,020.00

Page Total \$ **875.00**