

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 Ira Sully				Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 17
City Columbus	State O	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Don Olsen				Registration Number, if PAC	
Street Address 3128 Scioto Trace	Employer/Occupation/Labor Organization*		M 0	D 9	Y 17
City Columbus	State O	Zip Code 43221	Form(Cash,Check,etc) Cash		Amount 60.00
Full Name of Contributor Christopher Minnillo				Registration Number, if PAC	
Street Address 1500 W. Third Ave., Suite 210	Employer/Occupation/Labor Organization*		M 0	D 9	Y 17
City Columbus	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Jay Leshner				Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Melisa Fuhrmann				Registration Number, if PAC	
Street Address 1849 Galloway Cir. N.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 17
City Columbus	State O	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Craig Could				Registration Number, if PAC	
Street Address 1111 Grandview Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 17
City Grandview Heights	State O	Zip Code 43212	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Thomas Brown				Registration Number, if PAC	
Street Address 2545 Metro Place	Employer/Occupation/Labor Organization*		M 0	D 9	Y 17
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Cash		Amount 100.00

* 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 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

2,935

Total expenditures this event

227.00

Page Total \$ **710.00**