

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 Bradley P. Koffel LLC				Registration Number, if PAC			
Street Address 1801 Watermark Dr., Suite 350		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 500.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Lawrence A. Riehl LLC				Registration Number, if PAC			
Street Address 500 S. Front St. Suite 200		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 150.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor The Steven T. Fox Law Firm LLC				Registration Number, if PAC			
Street Address 2335 Yuma Dr.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 150.00
City London	State O	H H	Zip Code 43140	Form(Cash,Check,etc) Check			
Full Name of Contributor Falow & Assoc., LLC				Registration Number, if PAC			
Street Address 270 Brandenton Ave., Suite 100		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 125.00
City Dublin	State O	H H	Zip Code 43017	Form(Cash,Check,etc) Check			
Full Name of Contributor David Young for Judge Committee				Registration Number, if PAC			
Street Address 146-D Granville St.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 50.00
City Gahanna	State O	H H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Kristie Williams				Registration Number, if PAC			
Street Address 100 Oxfordshire Dr.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 125.00
City Columbus	State O	H H	Zip Code 43228	Form(Cash,Check,etc) Check			
Full Name of Contributor Stephen Smith				Registration Number, if PAC			
Street Address 10 W. Broad St.		Employer/Occupation/Labor Organization*		M 0	D 8	Y 2	Amount 100.00
City Columbus	State O	H 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

3,225

Total expenditures this event

537.50

Page Total \$ **1,200.00**