

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 Michael Guluzian				Registration Number, if PAC			
Street Address 250 Civic Center Dr., Suite 600		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Teresa Villarreal				Registration Number, if PAC			
Street Address 6478 Winchester Blvd., Suite 202		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Canal Winchester	State O	H	Zip Code 43110	Form(Cash,Check,etc) Check			
Full Name of Contributor John Rverson				Registration Number, if PAC			
Street Address 417 Chase Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Gambier	State O	H	Zip Code 43022	Form(Cash,Check,etc) Check			
Full Name of Contributor Rvan Scott				Registration Number, if PAC			
Street Address 115 W. Main St., Suite LL50		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Phyllis Rowan				Registration Number, if PAC			
Street Address 490 Langford Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Columbus	State O	H	Zip Code 43230	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory Kostelac				Registration Number, if PAC			
Street Address 155 W. Main St., Apt. 803		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Karen Kostelac				Registration Number, if PAC			
Street Address 155 W. Main St., Apt. 803		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Columbus	State O	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 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

\$1,090.00

Total expenditures this event

0.00

Page Total \$ **300.00**