

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 Amv Weis				Registration Number, if PAC	
Street Address 632 S. Fifth St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Elizabeth Gill				Registration Number, if PAC	
Street Address 33 E. Columbus St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Michael Schilling				Registration Number, if PAC	
Street Address 2635 Pine Trace Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Maumee	State OH	Zip Code 43537	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Julia Leveridge-Hickey				Registration Number, if PAC	
Street Address 3160 Fisher Pl.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Cecily Ferris				Registration Number, if PAC	
Street Address 676 Mohawk St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Gary Phillips				Registration Number, if PAC	
Street Address 823 Katherines Woods Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Jeanine Hummer				Registration Number, if PAC	
Street Address 1795 Edgemont Rd.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc) Check		Amount 150.00

* 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 \$ **800.00**