

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 Kenneth Leach			Registration Number, if PAC	
Street Address 96 W. Longview Ave.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43202	Y 1	Amount 50.00
Form(Cash,Check,etc)				
Full Name of Contributor Cecilv Ferris			Registration Number, if PAC	
Street Address 905 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 1	Amount 50.00
Form(Cash,Check,etc)				
Full Name of Contributor Gary Phillips			Registration Number, if PAC	
Street Address 823 Katherines Wood Dr.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43235	Y 1	Amount 25.00
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 0	D 8
City Gambier	State OH	Zip Code 43022	Y 1	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Pamela Makowski			Registration Number, if PAC	
Street Address 898 Beech St.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43206	Y 1	Amount 50.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Mary Woods			Registration Number, if PAC	
Street Address 1022 Blind Brook Dr.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43235	Y 1	Amount 100.00
Form(Cash,Check,etc) Check				
Full Name of Contributor Nicholas Yaeger			Registration Number, if PAC	
Street Address 266 E. Welch Ave.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43202	Y 1	Amount 100.00
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

\$2,795.00

Total expenditures this event

0.00

Page Total \$ **425.00**