

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Morehart for Judge</b>							
Full Name of Contributor <b>Andy Avellano</b>				Registration Number, if PAC			
Street Address <b>1450 Broadview</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	40.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Satch Sullinger</b>				Registration Number, if PAC			
Street Address <b>1653 Forest St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	30.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Dave Schulte</b>				Registration Number, if PAC			
Street Address <b>3347 Harbor Bay Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	40.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Moyer Law Offices, LPA</b>				Registration Number, if PAC			
Street Address <b>9 E. Kossuth St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	100.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Luftman, Heck &amp; Associates, LLP</b>				Registration Number, if PAC			
Street Address <b>580 E. Rich St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	250.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Doucet &amp; Associates Co., LPA</b>				Registration Number, if PAC			
Street Address <b>700 Stonehenge Parkway</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	250.00
City <b>Dublin</b>	State <b>O</b>	H	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>William A. Settina Co., LPA</b>				Registration Number, if PAC			
Street Address <b>729 S. Third St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	2	0	500.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>			

\* 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

**\$6,310**

Total expenditures this event

**782.00**

Page Total \$ **1,210.00**