

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 Jeffrey Brown				Registration Number, if PAC	
Street Address 580 S. High St., Suite 200	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Adam Elliot				Registration Number, if PAC	
Street Address 2517 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43209	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Holly Brown				Registration Number, if PAC	
Street Address 3905 Lyon Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Rena Miller				Registration Number, if PAC	
Street Address 5402 Thornhill Ct.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Denise Mirman				Registration Number, if PAC	
Street Address 1320 Dublin Rd., Suite 101	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Suzanne Stasiewicz				Registration Number, if PAC	
Street Address 533 S. Third St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Angela Brown				Registration Number, if PAC	
Street Address 536 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 75.00

* 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

\$2,890.00

Total expenditures this event

47.99

Page Total \$ **700.00**