

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 Marilynn Stephens			Registration Number, if PAC	
Street Address 118 E. Kossuth St.	Employer/Occupation/Labor Organization*		M D Y 018 016 115	Amount 25.00
City Columbus	State O H	Zip Code 43206	Form(Cash, Check, etc) Check	
Full Name of Contributor Yvette McGee Brown			Registration Number, if PAC	
Street Address 325 John H. McConnell Blvd., Suite 600	Employer/Occupation/Labor Organization*		M D Y 018 016 115	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Cash	
Full Name of Contributor Beverly Corner			Registration Number, if PAC	
Street Address 3589 Norwood St.	Employer/Occupation/Labor Organization*		M D Y 018 016 115	Amount 15.00
City Columbus	State O H	Zip Code 43224	Form(Cash, Check, etc) Cash	
Full Name of Contributor Brvan Steward			Registration Number, if PAC	
Street Address 7690 Calderdale St.	Employer/Occupation/Labor Organization*		M D Y 018 016 115	Amount 100.00
City Blacklick	State O H	Zip Code 43004	Form(Cash, Check, etc) Cash	
Full Name of Contributor Michael Siewert			Registration Number, if PAC	
Street Address 307 E. Livingston Ave.	Employer/Occupation/Labor Organization*		M D Y 018 016 115	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Cash	
Full Name of Contributor Robert Sauter			Registration Number, if PAC	
Street Address 1135 Regency Dr.	Employer/Occupation/Labor Organization*		M D Y 018 016 115	Amount 150.00
City Columbus	State O H	Zip Code 43221	Form(Cash, Check, etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 	Amount
City	State 	Zip Code	Form(Cash, Check, etc)	

* 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

\$7,810.00

Total expenditures this event

47.99

Page Total \$ **490.00**