

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 Dan Sabol			Registration Number, if PAC		
Street Address 580 E. Rich St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Cash		Amount 40.00
Full Name of Contributor Ira Sully			Registration Number, if PAC		
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Jeffrey Mackev			Registration Number, if PAC		
Street Address 1538 Melrose Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43224	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Paul Morrison			Registration Number, if PAC		
Street Address 1001 Esther Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor John Galasso			Registration Number, if PAC		
Street Address 2229 Bluebell Lane	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor David Rowland			Registration Number, if PAC		
Street Address 10705 Snvder Church Rd. NW	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Baltimore	State OH	Zip Code 43105	Form (Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Umberto Debeneditto			Registration Number, if PAC		
Street Address 2176 Victoria Park Dr.	Employer/Occupation/Labor Organization*		M 0	D 7	Y 15
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc) Check		Amount 50.00

* 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

\$1,220.00

Total expenditures this event

301.00

Page Total \$ **390.00**