

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 Marty Anderson				Registration Number, if PAC	
Street Address 3409 River Seine St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) Check		
Full Name of Contributor Maggie McKenzie				Registration Number, if PAC	
Street Address 666 High St., Suite 200B	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc) Check		
Full Name of Contributor Kelley Boller				Registration Number, if PAC	
Street Address 666 High St., Suite 200B	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc) Check		
Full Name of Contributor Emmanuel Olawale				Registration Number, if PAC	
Street Address 450 Alkvre Run Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc) Check		
Full Name of Contributor Nathan Akamine				Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check		
Full Name of Contributor John Johnson				Registration Number, if PAC	
Street Address 501 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Cash		
Full Name of Contributor Christopher Cooper				Registration Number, if PAC	
Street Address 286 Marjoram Dr.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 15
City Gahanna	State OH	Zip Code 43230	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

\$4,565.00

Total expenditures this event

1,020.00

Page Total \$ **900.00**