

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 Neil Rosenberg				Registration Number, if PAC			
Street Address 400 S. High St., Suite 301		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	125.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Angela Brown				Registration Number, if PAC			
Street Address 536 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	125.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Dennis Belli				Registration Number, if PAC			
Street Address 536 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Julia Leveridge				Registration Number, if PAC			
Street Address 3160 Fisher Pl.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	200.00
City Columbus		State O H	Zip Code 43221	Form(Cash, Check, etc) Check			
Full Name of Contributor Holly Brown				Registration Number, if PAC			
Street Address 3905 Lyon Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Upper Arlington		State O H	Zip Code 43220	Form(Cash, Check, etc) Check			
Full Name of Contributor Bill Hedrick				Registration Number, if PAC			
Street Address 535 W. 1st Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash, Check, etc) Check			
Full Name of Contributor Luther Liggett				Registration Number, if PAC			
Street Address 5053 Grassland Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	4	2	100.00
City Dublin		State O H	Zip Code 43016	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

4,350.00

Total expenditures this event

667.14

Page Total \$ 850.00