

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Morehart for Judge</b>							
Full Name of Contributor <b>Joseph Mas</b>				Registration Number, if PAC			
Street Address <b>330 S. High St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	08	100.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Cash</b>			
Full Name of Contributor <b>Jeffrey Mackey</b>				Registration Number, if PAC			
Street Address <b>1528 Melrose Ave.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	08	50.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43224</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Luther Liggett</b>				Registration Number, if PAC			
Street Address <b>5053 Grassland Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	08	50.00
City <b>Dublin</b>	State <b>O</b>	H	Zip Code <b>43016</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Harris Leshner</b>				Registration Number, if PAC			
Street Address <b>336 S. High St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	08	150.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Steven Larson</b>				Registration Number, if PAC			
Street Address <b>4967 Smoketalk Lane</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	08	150.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>James Kyle</b>				Registration Number, if PAC			
Street Address <b>506 Haymore Ave. N.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	08	50.00
City <b>Worthington</b>	State <b>O</b>	H	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Karen Held Phipps</b>				Registration Number, if PAC			
Street Address <b>283 S. Third St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	08	100.00
City <b>Columbus</b>	State <b>O</b>	H	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>			

\* 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

**2,085**

Total expenditures this event

Page Total \$ **650.00**