

## 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>William Settina</b>				Registration Number, if PAC	
Street Address <b>729 S. Third St.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>2</b>	Y <b>15</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Chad Roberts</b>				Registration Number, if PAC	
Street Address <b>289 S. Third St.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>2</b>	Y <b>15</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Cash</b>		Amount <b>100.00</b>
Full Name of Contributor <b>David Rieser</b>				Registration Number, if PAC	
Street Address <b>2 Miranova Pl., Suite 710</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>2</b>	Y <b>15</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Doug Riddell</b>				Registration Number, if PAC	
Street Address <b>1829 Ashland Ave.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>2</b>	Y <b>15</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>300.00</b>
Full Name of Contributor <b>Adam Nemann</b>				Registration Number, if PAC	
Street Address <b>1243 S. High St.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>2</b>	Y <b>15</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Steven Mover</b>				Registration Number, if PAC	
Street Address <b>9 E. Kossuth St.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>2</b>	Y <b>15</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Dennis McNamara</b>				Registration Number, if PAC	
Street Address <b>3966 Fairlington Dr.</b>	Employer/Occupation/Labor Organization*		M <b>1</b>	D <b>2</b>	Y <b>15</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43220</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</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  
**4,840.00**

Total expenditures this event  
**0.00**

Page Total \$ **1,300.00**