

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 Michael Sexton				Registration Number, if PAC	
Street Address 984 Highland St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State O	Zip Code 43201	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Robert Washburn				Registration Number, if PAC	
Street Address 5277 Infinity Ct.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Grove City	State O	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Phillip Templeton				Registration Number, if PAC	
Street Address 500 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Jessica Goldman				Registration Number, if PAC	
Street Address 5241 Reserve Dr.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Dublin	State O	Zip Code 43017	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Karen Held Phipps				Registration Number, if PAC	
Street Address 3807 Lakedale Dr.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Hilliard	State O	Zip Code 43026	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Janet Grubb				Registration Number, if PAC	
Street Address 5277 Infinity Ct.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Grove City	State O	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 250.00
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 668 Bellamy Pl.	Employer/Occupation/Labor Organization*		M 0	D 2	Y 17
City Columbus	State O	Zip Code 43213	Form(Cash,Check,etc) Check		Amount 100.00

* 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

\$6,310

Total expenditures this event

782.00

Page Total \$ **1,100.00**