

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 T. J. Shaheen				Registration Number, if PAC	
Street Address 1179 Faber Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43207	Form(Cash,Check,etc) Cash		
Full Name of Contributor Rav Mularksi				Registration Number, if PAC	
Street Address 107 W. Johnstown Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) Check		
Full Name of Contributor Jeffrey Lewis				Registration Number, if PAC	
Street Address 500 S. Forth St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		
Full Name of Contributor Cleve Johnson				Registration Number, if PAC	
Street Address 495 S. High St., Suite 400	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		
Full Name of Contributor Phillip Churchill				Registration Number, if PAC	
Street Address 373 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Jermaine Colquitt				Registration Number, if PAC	
Street Address 1188 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Mitch Moreland				Registration Number, if PAC	
Street Address 503 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		

* 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

\$2,295.00

Total expenditures this event

0.00

Page Total \$ **445.00**