

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 Steven Ball			Registration Number, if PAC		
Street Address 1010 Old Hendeson Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		
Amount 100.00					
Full Name of Contributor David Young for Jude Committee					
Street Address 146-D Granville St.			Employer/Occupation/Labor Organization*		
City Gahanna	State OH	Zip Code 43230	M 0	D 8	Y 15
Form(Cash,Check,etc) Check			Amount 100.00		
Full Name of Contributor Committee for Chris Brown for Judge					
Street Address 601 S. High St.			Employer/Occupation/Labor Organization*		
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 15
Form(Cash,Check,etc) Check			Amount 150.00		
Full Name of Contributor Mark Serrott					
Street Address 789 Northwest Blvd, Apt. A.			Employer/Occupation/Labor Organization*		
City Columbus	State OH	Zip Code 43212	M 0	D 8	Y 15
Form(Cash,Check,etc) Check			Amount 100.00		
Full Name of Contributor Thomas Gjostein					
Street Address 6720 Hayhurst St.			Employer/Occupation/Labor Organization*		
City Columbus	State OH	Zip Code 43085	M 0	D 8	Y 15
Form(Cash,Check,etc) Check			Amount 100.00		
Full Name of Contributor Terrance Roberts					
Street Address 3637 Sunset Dr.			Employer/Occupation/Labor Organization*		
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 15
Form(Cash,Check,etc) Check			Amount 100.00		
Full Name of Contributor Phillip Templeton					
Street Address 500 S. Front St., Suite 1200			Employer/Occupation/Labor Organization*		
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 15
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

\$7,890.00

Total expenditures this event

47.99

Page Total \$ **750.00**