

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

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Morehart for Judge			
Full Name of Contributor Committee to Re-Elect Judge Hummer		Registration Number, if PAC	
Street Address 4314 Donigton Dr.	Employer/Occupation/Labor Organization*	M   D   Y 0   9   1   3   1   7	Amount 125.00
City Columbus	State   Zip Code O   H   43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Califf Bonding, LLC		Registration Number, if PAC	
Street Address 350 S. High St.		M   D   Y 0   9   1   3   1   7	Amount 200.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Fianza Bail Bonds, LLC		Registration Number, if PAC	
Street Address 995 S. High St.		M   D   Y 0   9   1   3   1   7	Amount 350.00
City Columbus	State   Zip Code O   H   43206	Form(Cash,Check,etc) Check	
Full Name of Contributor AuCoin & Younkin, LLP		Registration Number, if PAC	
Street Address 577 S. High St.		M   D   Y 0   9   1   3   1   7	Amount 250.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Artz, Dewhirst & Wheeler, LLP		Registration Number, if PAC	
Street Address 560 E. Town St.		M   D   Y 0   9   1   3   1   7	Amount 125.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Laborers Int'l Union of North America		Registration Number, if PAC	
Street Address 620 Alum Creek Dr.		M   D   Y 0   9   1   3   1   7	Amount 1,000.00
City Columbus	State   Zip Code O   H   43205	Form(Cash,Check,etc) Check	
Full Name of Contributor Nancy Wonnell		Registration Number, if PAC	
Street Address 336 S. High St.		M   D   Y 0   9   1   3   1   7	Amount 50.00
City Columbus	State   Zip Code O   H   43215	Form(Cash,Check,etc) Check	

\* 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 b 0

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

Total expenditures this event

Page Total \$ 2,100.00

2,935

227.00