

Event Date 06/24/15

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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 Nancy Kellum			Registration Number, if PAC	
Street Address 466 E. Sycamore St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 25.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc) Check	
Full Name of Contributor John Schilling			Registration Number, if PAC	
Street Address 1156 Cloverknoll Ct.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 150.00
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc) Check	
Full Name of Contributor Toure McCord			Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 90.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Cash	
Full Name of Contributor Eric Hoffman			Registration Number, if PAC	
Street Address Best Efforts	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 100.00
City	State I	Zip Code	Form (Cash, Check, etc) Cash	
Full Name of Contributor Jennifer Stires			Registration Number, if PAC	
Street Address 258 Canvon Dr.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Check	
Full Name of Contributor Suzanne Rucker			Registration Number, if PAC	
Street Address Best Efforts	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 25.00
City	State I	Zip Code	Form (Cash, Check, etc) Cash	
Full Name of Contributor Tony Clymer			Registration Number, if PAC	
Street Address 1420 Matthias Dr.	Employer/Occupation/Labor Organization*		M D Y 0 6 2 4 1 5	Amount 150.00
City Columbus	State OH	Zip Code 43224	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 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

\$4,565.00

Total expenditures this event

1,020.00

Page Total \$ 640.00