1	
Event Date	09/13/17
Page	24

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

	Prescribed by Sec	retary of State 3/05							
Name of Committee in Full									
Morehart for Judge									
Full Name of Contributor					Registration Number, if PAC				
Abe Bahgat			M						
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		D	Y	Amount	407.00		
338 S. High St.		T	0:9	1 3			125.00		
City	State	Zip Code	1	sh,Chec	. ,				
Columbus	OH	O H 43215			Check Registration Number, if PAC				
Full Name of Contributor			Registra	tion Nur	iber, if PA	AC			
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount			
Sirect Address	Employer/Cocup	Employer/Occupation/Labor Organization*				Amount			
City	State	Zip Code	Form(Ca	sh,Chec	k.etc)				
y				,	,,				
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC			
C A 11	F1/O	-41	M		T v	Ta			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	Zip Code	Form(C)	sh,Chec	k etc)				
City	State	Zip Code	Tolling	isii,Ciico	K,CIC)				
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC			
					,				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	Zip Code	Form(Cash,Check,etc)						
Full Name of Contributor	1		Registra	tion Nun	ber, if P	AC			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	Zip Code	Form(Ca	ash,Chec	k,etc)				
Full Name of Contributor			Registra	tion Nun	nber, if PA	AC			
Street Address	Employer/Occum	ation/Labor Organization*	М	D	ΙΥ	Amount	<del></del>		
Sileet Address	Employer/Occup	ation/Laoor Organization	IVI			Amount			
 City	State	Zip Code	Form(C	ash,Chec	k etc)				
eny .		Dip code	1 01111(01	2011, 01100	,0.0)				
Full Name of Contributor		<u></u>	Registra	tion Nun	nber, if PA	AC			
					-				
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount			
City	State	State Zip Code		Form(Cash,Check,etc)					

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
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2,935

Total expenditures this event

227.00

Page Total \$ \_\_\_\_125.00

<sup>\*</sup> 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)]