Event Date	02/02/17
Page	

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	
Bradley P. Koffel, LLC				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	E00.00
1801 Watermark Dr., Suite 350		la	0 2 0 2 1 7	500.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Jeffrey T Stavroff & Co., LLC			 	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	0 =0.00
901 S. High St., 2nd Flr.		T	0 2 0 2 1 7	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Mark C Collins Co., LPA			<u> </u>	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	A=
492 S. High St., 3rd Flr.			0 2 0 2 1 7	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$I \cap H$	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
John P Johnson Law Office, LLC				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
501 S. High St.			0 2 0 2 1 7	150.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Scott & Nolder Co., LPA				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
35 E. Livingston Ave.			0 2 0 2 1 7	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Law Office of C.F. Cowan, PLLC				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
713 S. Front St.			0 2 0 2 1 7	250.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Riddell Law, LLC		····		
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
1335 Dublin Rd., Suite 220A			0 2 0 2 1 7	500.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	$O \mid H$	43215	Check	

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.

lotal contributions this event			
#	6,	310	

Total expenditures this event		
	782.00	

Page Total \$	2.150.00
---------------	----------

^{*} 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)]