Event Date	11/01/17
Page	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	riescribed by Sei	cretary of State 5/05					
Name of Committee in Full				· · · · · · · · · · · · · · · · · · ·			
Morehart for Judge	<u> </u>						
	Il Name of Contributor			Registration Number, if PAC			
Luther Liggett Street Address	Is 1 10		M		T	τ.	
	Employer Occup	Employer Occupation/Labor Organization*		D	Y	Amount	50.00
5053 Grassland Dr.	6	7: 0 1	_	0 1		<u> </u>	50.00
City	State	Zip Code	1 .	ash,Checl			
Dublin Full Name of Contributor	O H	43016		Chec			
			Registra	ttion Nun	iber. if PA	AC	
Laura Adkins Helbrecht Street Address	Emularia (Orrina	ation/Labor Organization*	М	D	Y	Amount	
502 S. 3rd St.	Employer Occup	ation/Labor Organization					50.00
502 5. 514 5t. City	State	Zip Code	1 1	0 1 ash.Checl			30.00
Columbus	1 7 7	43215		Chec			
Full Name of Contributor	<u> </u>	1 40210		ation Nur) (
Kevin Durkin			Registra	ition (van	ibel. II I i	ic	
Street Address	Employer Occur	ation/Labor Organization*	М	D	Y	Amount	
367 E. Broad St., Suite 804	Z.mp.n.y.e. oceap	and East Organization	1 1	1		1	100.00
City	State	Zip Code		ash.Checl			100.00
Columbus	ОН	43215		Chec			
Full Name of Contributor	1 () 11	10.210		ation Nur		AC	
Lvnda Avish		•					
Street Address	Employer/Occup	ation/Labor Organization*	М	D	ΙΥ	Amount	
55 W. Livingston Ave., Apt. 210			1 1	0 1	1 7	ł	75.00
City	State	Zip Code		ash.Checl			
Columbus	ОН	43215		Chec	k		
Full Name of Contributor				ation Nur		AC .	
Street Address	Employer Occup	ation/Labor Organization*	М	D	Y	Amount	
						ŀ	
City	State	Zip Code	Form(C	ash.Chec	k,etc)		
Full Name of Contributor			Registra	ation Nur	beτ. if PA	AC .	
Street Address	Employer Occup	ation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k.etc)		
Full Name of Contributor			Registra	ation Num	ber. if PA	AC	
Street Address	Employer Occup	ation/Labor Organization*	М	D	Y	Amount	
		· · ·				<u></u>	
City	State	Zip Code	Form(C	ash.Chec	k,etc)		
		<u> </u>					

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				
#1,075				

Total expenditures	tnis event
L	0.00

Page Total \$	275.00
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^{*} 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)]