

Event Date	10/01/15
Page	36

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 Mike Rankin			Registration Number, if PAC	
Street Address PO Box 184	Employer/Occupation/Labor Organization*		M D Y 11 01 15	Amount 30.00
City Powell	State OH	Zip Code 43065	Form(Cash,Check,etc) Check	
Full Name of Contributor Tom Waldek			Registration Number, if PAC	
Street Address 2 W. Winter St.	Employer/Occupation/Labor Organization*		M D Y 11 01 15	Amount 50.00
City Delaware	State OH	Zip Code 43015	Form(Cash,Check,etc) Check	
Full Name of Contributor Paul Scott			Registration Number, if PAC	
Street Address 536 S. High St.	Employer/Occupation/Labor Organization*		M D Y 11 01 15	Amount 250.00
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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

\$1,090.00

Total expenditures this event

0.00

Page Total \$ **330.00**