

Event Date	06/08/17
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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 Moyer Law Offices, LPA				Registration Number, if PAC			
Street Address 9 E. Kossuth St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City Columbus		State O	H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Carpenters Local Union 200 PCE				Registration Number, if PAC			
Street Address 1545 Alum Creek Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	250.00
City Columbus		State O	H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Carpenter Lipps & Leland LLP				Registration Number, if PAC			
Street Address 280 N. Hight St., Suite 1300		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	50.00
City Columbus		State O	H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Bradley P. Koffel LLC				Registration Number, if PAC			
Street Address 1801 Watermark Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	500.00
City Columbus		State O	H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Washburn				Registration Number, if PAC			
Street Address 5277 Infinity Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	100.00
City Grove City		State O	H	Zip Code 43123		Form(Cash,Check,etc) Check	
Full Name of Contributor Ira Sully				Registration Number, if PAC			
Street Address 844 S. Front St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	75.00
City Columbus		State O	H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Shari Stump				Registration Number, if PAC			
Street Address 4400 Deveron Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	6	0	50.00
City Grove City		State O	H	Zip Code 43123		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

2,085.00

Total expenditures this event

n/a

Page Total \$ **1,125.00**