Event Date	03/08/17
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	eretary of State 3/05			
Name of Committee in Full					
Morehart for Judge					
	Il Name of Contributor		Registration Number, if PAC		
John Bates					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount	
495 S. High St., Suite 400	<u> </u>		0 3 0 8 1 7	7	100. <u>00</u>
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43215	Check		
Full Name of Contributor			Registration Number, if P	AC	
Nemann Law Offices, LLC					
Street Address	Employer/Occupation/Labor Organization*		$\begin{bmatrix} M & D & Y \\ 0 & 3 & 0 & 8 & 1 & 7 \end{bmatrix}$	Amount	
1243 S. High St				7	150. <u>00</u>
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43206	Check		
Full Name of Contributor			Registration Number, if F	AC	
Julia Leveridge-Hickey					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount	
3160 Fisher Pl.			0 3 0 8 1 7	7	150.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43221	Check		
Full Name of Contributor			Registration Number, if P	AC	
Nicole Churchill					
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount	
150 E. Mound St., Suite 200			0 3 0 8 1 7	7	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43215	Check		
Full Name of Contributor Registration Number, if PAC					
Mularski Bonham Dittmer & Phillips I	LC				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount	
107 W. Johnston Rd.			0 3 0 8 1 7	7	100.00
City	State	Zip Code	Form(Cash,Check,etc)		
Gahanna	$O \mid H$	43230	Check		
Full Name of Contributor			Registration Number, if F	AC	
Wonnell and Wonnell					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount	
336 S. High St.			0 3 0 8 1 2	7	50.00
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	$O \mid H$	43215			
Full Name of Contributor			Registration Number, if F	PAC	
Janet Grubb					
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount	
5277 Infinity Ct.			0 3 0 8 1 2	7	250.00
City	State	Zip Code	Form(Cash,Check,etc)		
Grove City	$O \mid H$	43213	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.

Total contributions this event	Total expend
\$ 2,025	

otal expenditures this event	
375.00	

Page Total \$	900.00
---------------	--------

^{*} Required for 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)]