06/24/15
12

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/05						
Name of Committee in Full		· -				<del></del>		
Morehart for Judge								
Full Name of Contributor				Registration Number, if PAC				
Janet Grubb	[- · · ·					<b>.</b>		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount		
225 Eastmoor Blvd.		Tot o t			115		00.00	
City	State	Zip Code		ash.Chec			9	
Columbus Full Name of Contributor	lo H	43209		Chec			Ti-	
Full Name of Contributor		•	Kegistra	mon Nun	nber, if PA	AC.		
Street Address	Employer/Occur	nation/Labor Organization*	M	D	Y	Amount		
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City -	State	Zip Code	Form(C	ash,Chec	k,etc)	(2) 1 (2) 10 10 10 10 10 10 10 10 10 10 10 10 10	.TT.	
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Full Name of Contributor			Registra	tion Nun	ber, if PA	/C	- 4	
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
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City	State	Zip Code	Form(C	ash Chec	k.etc)		4 34 4 5	
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Full Name of Contributor			Registra	tion Nun	nber, if PA	vC		
Street Address	Employer/Occup	ation/Labor Organization*	M	D.	Y Y	Amount		
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City	State	Zip Code	Form(C	ash,Chec	k,etc)			
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Full Name of Contributor			Registra	tion Nun	iber, if PA	AC .		
Street Address	Ir1/0		1 1/	I n	T v	TA		
Street Address	Employer/Occup	sation/Labor Organization*	M	D	Y	Amount		
City	State	Zip Code	Form/C	ash,Chec	l: atc)	Company of the Compan	74	
Chy	1	ZIP Code	ronnic	asii, Ciicc	K.Cic j			
Full Name of Contributor	Į i		Registra	tion Nun	nber, if PA	Line to the second second	Ť	
Tall Marie of Colla loads			The gastie					
Street Address	Employer/Occur	nation/Labor Organization*	М	D	Y	Amount		
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City	State	Zip Code	Form(C	ash,Chec	k,etc)	•		
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Full Name of Contributor	<u> </u>	<del></del>	Registra	tion Nun	nber, if PA	AC .		
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)	· 1		
						*		

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 No. 31-E" and list the date of the event in the date column.

Total contributions this event	
\$4,565.00	

Total expenditures this event					
	1.020.00				

Page Total S	200.00
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<sup>\*</sup> 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)]