

Event Date	08/27/15
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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 Kenneth Leach				Registration Number, if PAC	
Street Address 96 W. Longview Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.)		Amount 50.00
Full Name of Contributor Cecily Ferris				Registration Number, if PAC	
Street Address 905 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.)		Amount 50.00
Full Name of Contributor Gary Phillips				Registration Number, if PAC	
Street Address 823 Katherines Wood Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check		Amount 25.00
Full Name of Contributor John Rverson				Registration Number, if PAC	
Street Address 417 Chase Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Gambier	State OH	Zip Code 43022	Form (Cash, Check, etc.) Check		Amount 50.00
Full Name of Contributor Pamela Makowski				Registration Number, if PAC	
Street Address 898 Beech St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check		Amount 50.00
Full Name of Contributor Mary Woods				Registration Number, if PAC	
Street Address 1022 Blind Brook Dr.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check		Amount 100.00
Full Name of Contributor Nicholas Yaeger				Registration Number, if PAC	
Street Address 266 E. Welch Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Check		Amount 100.00

* 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

\$2,295.00

Total expenditures this event

0.00

Page Total \$ **425.00**