07/27/17
10

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05	<u> </u>		
Name of Committee in Full					
Morehart for Judge Full Name of Contributor					
			Registration Number, if PAC		
Ernst Wehausen Street Address	F 1 10				
	Employer/Occupation/Labor Organization*		M D Y Amount	40.00	
128 E. Oakdale Ave.			0 7 2 7 1 7	40.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	ОН	43201	Cash		
Full Name of Contributor			Registration Number, if PAC		
Jennifer Taylor					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
208 E. Como Ave.			0 7 2 7 1 7	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43202	Check		
Full Name of Contributor			Registration Number, if PAC		
Gerald Sunbury		T			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
35 E Livingston Ave.		y-	0 7 2 7 1 7	150.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	4315	Check		
Full Name of Contributor			Registration Number, if PAC		
David Schulte					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
3347 Harbor Bay Dr.			0 7 2 7 1 7	40.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43221	Cash		
Full Name of Contributor			Registration Number, if PAC		
Robert Sauter					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
1135 Regency Dr.			0 7 2 7 1 7	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	OH	43220	Check		
Full Name of Contributor			Registration Number, if PAC		
Paul Morrison					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
1001 Esther Dr.			0 7 2 7 1 7	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	ОН	43207	Cash		
Full Name of Contributor			Registration Number, if PAC		
Eric Marlow					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
144 S. Monroe Ave.			0 7 2 7 1 7	20.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	ОН	43205	Cash		

Fill in the boxes $b \cdot 0$

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
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2,420

Total expenditures this event

210.00

Page Total \$500.00)
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^{*} 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)]