Event Date	07/16/15
Page	9

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05				
Name of Committee in Full	· ·	_				
Morehart for Judge						
Full Name of Contributor			Registra	ation Nur	nber, if PA	AC.
Katheryn Sandford	15					
Street Address	Employer/Occu	pation/Labor Organization*	M	D	Y	Amount
1763 Merriweather Blvd.		Tay on			115	50.00
-	State	Zip Code	,	ash,Chec		
Columbus Full Name of Contributor	OH	43209		Chec	K nber, if PA	
Tuli Ivaine of Condition			Kegisua	ation Nur	iivei, ii r <i>i</i>	ic
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount
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City	State	Zip Code	Form(C	ash,Chec	k.etc)	Francisco de la companya della companya della companya de la companya de la companya della compa
Full Name of Contributor			Registra	ation Nur	nber, if PA	AC
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y.	Amount
					<u>.l!</u>	
City	State	Zip Code	Form(C	ash,Chec	k_etc)	
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Full Name of Contributor			Registra	ation Nur	nber, if PA	AC .
Street Address	Employer/Occur	pation/Labor Organization*	M	D	ΤΥ	Amount
Succe realiss	i zanpioyen occuj	parion caron organization	"	lí	'i	ranount
City	State	Zip Code	Form(C	ash,Chec	k,etc)	
·		•	l `			
Full Name of Contributor		•	Registra	ation Nur	nber, if PA	AC .
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount
				1	1	
City	State	Zip Code	Form(C	ash,Chec	ek.etc)	
		<u>.l </u>				
Full Name of Contributor			Registra	ation Nur	nber, if PA	AC
5 · · · ·	15 1 10			1 ~	1	T
Street Address	Employer/Occup	pation/Labor Organization*	M	D	Y	Amount
City:	State	Zip Code	Form/C	ash,Chec	t ato)	
Chy	State	Zip Code	Torrace	asii.cncc	K.CIC)	
Full Name of Contributor			Registra	ation Nur	nber, if P/	AC .
• · · · · · · · · · · · · · · · · · ·						
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount
		-				
City	State	Zip Code	Form(C	ash Chec	k.etc)	
	1 1		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 form No. 31-E" and list the date of the event in the date column.

Total contributions this event					
#	1,220.0	<u>م</u>			

Total expenditures this event				
	301.00			

Page Total \$	0.00
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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)]