31-E
R.C. 3517.10(B)

Event Date 06/24/15
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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				Registration Number, if PAC			
Amy Weis							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
632 S. Fifth St.				06	24	15	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43206		Check			
Full Name of Contributor				Registration Number, if PAC			
Elizabeth Gill							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
33 E. Columbus St.				06	24	15	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43206		Check			
Full Name of Contributor				Registration Number, if PAC			
Michael Schilling							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2635 Pine Trace Dr.				06	24	15	150.00
City	State	Zip Code		Form(Cash,Check,etc)			
Maumee	OH	43537		Check			
Full Name of Contributor				Registration Number, if PAC			
Julia Leveridge-Hickey							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
3160 Fisher Pl.				06	24	15	150.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43221		Check			
Full Name of Contributor				Registration Number, if PAC			
Cecily Ferris							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
676 Mohawk St.				06	24	15	150.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43206		Check			
Full Name of Contributor				Registration Number, if PAC			
Gary Phillips							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
823 Katherines Woods Dr.				06	24	15	50.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43235		Check			
Full Name of Contributor				Registration Number, if PAC			
Jeanine Hummer							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1795 Edgemont Rd.				06	24	15	150.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43212		Check			

* 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
$4,565.00

Total expenditures this event
1,020.00

Page Total $ 800.00