31-A-2
R.C. 3517.10(B)

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full					
Morehart for Judge					
Full Name				**Registration Number, if PAC**	
Cindi Morehart					
Address	**Type***			**M / D / Y**	**Amount**
98 Grandview Dr.				06 / 16 / 15	5,000.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Dublin	OH	43017		Check	
Full Name				**Registration Number, if PAC**	
Cindi Morehart					
Address	**Type***			**M / D / Y**	**Amount**
98 Grandview Dr.				10 / 13 / 15	5,000.00
City	**State**	**Zip Code**		**Form(Cash,Check,etc)**	
Dublin	OH	43017		Check	

Full Name			Registration Number, if PAC	
Address	Type*		M / D / Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

Full Name			Registration Number, if PAC	
Address	Type*		M / D / Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

Full Name			Registration Number, if PAC	
Address	Type*		M / D / Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

Full Name			Registration Number, if PAC	
Address	Type*		M / D / Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

Full Name			Registration Number, if PAC	
Address	Type*		M / D / Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

Full Name			Registration Number, if PAC	
Address	Type*		M / D / Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total $ $10,000.00