31-E
R.C. 3517.10(B)

Event Date 10/22/15
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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			
Anne O'Leary							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
845 Mueller Dr.				10	22	15	250.00
City	State	Zip Code		Form(Cash,Check,etc)			
Reynoldsburg	OH	43068		Check			
Full Name of Contributor				Registration Number, if PAC			
Merisa Bowers							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
400 S. 5th St., Suite 101				10	22	15	25.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
George McCue							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
500 S. Front St., Suite 1200				10	22	15	250.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43215		Check			
Full Name of Contributor				Registration Number, if PAC			
Jeremy Dodgion							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1188 S. High St.				10	22	15	200.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43206		Check			
Full Name of Contributor				Registration Number, if PAC			
Luther Liggett							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
5053 Grassland Dr.				10	22	15	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Dublin	OH	43016		Check			
Full Name of Contributor				Registration Number, if PAC			
Thomas Charleswoth							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
1654 E. Broad St., Suite 301				10	22	15	100.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43203		Check			
Full Name of Contributor				Registration Number, if PAC			
Janet Jackson							
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount
2865 Castlewood Rd.				10	22	15	150.00
City	State	Zip Code		Form(Cash,Check,etc)			
Columbus	OH	43209		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
$1,075.00

Total expenditures this event
158.95

Page Total $ 1,075.00