

Event Date 02/02/17

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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 Joseph Landusky				Registration Number, if PAC	
Street Address 901 S. High St.		Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 300.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor William Lazarow				Registration Number, if PAC	
Street Address 400 S. 5th St., Suite 301		Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Cecily Ferris				Registration Number, if PAC	
Street Address 580 S. High St., Suite 250		Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Sam Weiner				Registration Number, if PAC	
Street Address 96 Bishop Square		Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 150.00
City Columbus	State O H	Zip Code 43209		Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Probst				Registration Number, if PAC	
Street Address 2020 Pevensey Ct.		Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 100.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Mathless				Registration Number, if PAC	
Street Address 492 S. High St., Suite 200		Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Lara Baker-Morish				Registration Number, if PAC	
Street Address 8015 Riverside Dr.		Employer/Occupation/Labor Organization*		M D Y 0 2 0 2 1 7	Amount 100.00
City Dublin	State O H	Zip Code 43016		Form(Cash,Check,etc) 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

\$6,310

Total expenditures this event

782.00

Page Total \$ **1,000.00**