31-E
R.C. 3517.10(B)

Event Date 09/17/15
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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				
Michael McElligott							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
511 E. Jeffrey Pl.			09	17	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43214					
Full Name of Contributor			Registration Number, if PAC				
Shawn Dingus							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
250 Civic Center Dr., Suite 600			09	17	15	200.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check				
Full Name of Contributor			Registration Number, if PAC				
Dean Kinsley							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
1111 Dublin Rd.			09	17	15	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215					
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC				
Jennifer Flint							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
6908 Perry Dr.			09	17	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43085	Check				
Full Name of Contributor			Registration Number, if PAC				
William Lazarow							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
400 S. 5th St. Suite 301			09	17	15	375.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check				
Full Name of Contributor			Registration Number, if PAC				
Harry Reinhart							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
400 S. 5th St. Suite 301			09	17	15	25.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	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
$7,000.00

Total expenditures this event
0.00

Page Total $ 800.00