

Event Date 12/10/15

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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 Kendra Kinnev				Registration Number, if PAC			
Street Address 1054 Ridge Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	50.00
City Circleville		State O H	Zip Code 43113	Form(Cash,Check,etc) Check			
Full Name of Contributor Jo Kaiser				Registration Number, if PAC			
Street Address 389 Library Park Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	25.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor William Ireland				Registration Number, if PAC			
Street Address 85 Liberty St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Karen Held Phipps				Registration Number, if PAC			
Street Address 4333 Reed Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	100.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Bill Hedrick				Registration Number, if PAC			
Street Address 535 W. 1st Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	25.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor David Goldstein				Registration Number, if PAC			
Street Address 155 S. Broadleigh		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	100.00
City Columbus		State O H	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Thomas Gjostein				Registration Number, if PAC			
Street Address 6720 Hayhurst St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	1	200.00
City Worthington		State O H	Zip Code 43085	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

4,840.00

Total expenditures this event

0.00

Page Total \$ 600.00