

Event Date 12/06/17

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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 Gerald Sunbury					Registration Number, if PAC		
Street Address 35 E. Livingston Ave.		Employer Occupation/Labor Organization*		M 1	D 2	Y 0	Amount 150.00
City Columbus	State O	H H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Ira Sully					Registration Number, if PAC		
Street Address 844 S. Front St.		Employer Occupation/Labor Organization*		M 1	D 2	Y 0	Amount 75.00
City Columbus	State O	H H	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Michael Sexton					Registration Number, if PAC		
Street Address 984 Highland St.		Employer Occupation/Labor Organization*		M 1	D 2	Y 0	Amount 100.00
City Columbus	State O	H H	Zip Code 43201	Form(Cash,Check,etc) Check			
Full Name of Contributor Luther Liggett					Registration Number, if PAC		
Street Address 5053 Grassland Dr.		Employer Occupation/Labor Organization*		M 1	D 2	Y 0	Amount 50.00
City Dublin	State O	H H	Zip Code 43016	Form(Cash,Check,etc) Check			
Full Name of Contributor Steven Larson					Registration Number, if PAC		
Street Address 4967 Smoketalk Ln.		Employer Occupation/Labor Organization*		M 1	D 2	Y 0	Amount 250.00
City Columbus	State O	H H	Zip Code 43081	Form(Cash,Check,etc) Check			
Full Name of Contributor Gregory Kostelac					Registration Number, if PAC		
Street Address 155 W. Main St., Suite 803		Employer Occupation/Labor Organization*		M 1	D 2	Y 0	Amount 50.00
City Columbus	State O	H H	Zip Code 43215	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 1	D 2	Y 0	Amount 50.00
City Columbus	State O	H H	Zip Code 43215	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

\$795.00

Total expenditures this event

\$89.23

Page Total \$ 725.00