31-E
R.C. 3517.10(B)

Event Date 10/01/15
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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				
Dennis Kaps							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
61 Leland Ave.			10	01	15	35.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43214	Check				
Full Name of Contributor			Registration Number, if PAC				
Kevin Durkin							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
367 E. Broad St.			10	01	15	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check				
Full Name of Contributor			Registration Number, if PAC				
Thomas Martello							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
995 S. High St.			10	01	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43206	Check				
Full Name of Contributor			Registration Number, if PAC				
Sydow Leis LLC							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
155 W. Main St. Suite 200A			10	01	15	75.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43215	Check				
Full Name of Contributor			Registration Number, if PAC				
Michael McElligott							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
511 E. Jeffrey Pl.			10	01	15	50.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43214	Check				
Full Name of Contributor			Registration Number, if PAC				
Karen Ball							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
PO Box 2813			10	01	15	100.00	
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	OH	43216	Check				
Full Name of Contributor			Registration Number, if PAC				
Nina Scopetti							
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
155 W. Main St., Suite 100			10	01	15	50.00	
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
$1,090.00

Total expenditures this event
0.00

Page Total $ 460.00