Event Date	12/10/15
Page	(0

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Prescribed by Sec	retary of State 3/05		
Name of Committee in Full				
Morehart for Judge				
Full Name of Contributor			Registration Number, if PAC	
Zachary Mayo	·			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
373 S. High St., 12th Flr.			1 2 1 0 1 5	20.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	O H	43215	Cash	
Full Name of Contributor			Registration Number, if PAC	
Steven Mathless				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
495 E. Mound St., Suite B	Į.		1 2 1 0 1 5	100.00
City	State	Zip Code	Form(Cash,Check.etc)	
Columbus	OH	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Jeffrey Mackey			*	
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
1538 Melrose Ave.			1 2 1 0 1 5	50.00
City	State	Zip Code	Form(Cash.Check,etc)	00.00
Columbus	OH	43224	Check	
Full Name of Contributor	1_ \(\lambda_{\dagger} \).		Registration Number, if PAC	
Luftman, Heck and Associates, LLP				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
580 E. Rich St.	' '	C	1 2 1 0 1 5	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	O H	43212	Check	
Full Name of Contributor	1()	10/212	Registration Number, if PAC	
Jeffrev Lewis				
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount	
4474 Summit Ridge Rd.			1 2 1 0 1 5	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	ОН	43206	Check	
Full Name of Contributor	1 () 11	40200	Registration Number, if PAC	
Robert Krapenc			registration (valueer, in 17te	
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	
	Employer/Occupa	anon Labor Organization	1 2 1 0 1 5	200.00
1069 Lakegrove Ct.	State	Zip Code	Form(Cash.Check,etc)	200.00
• •		1 '		
Westerville	O H	43081	Check	
Full Name of Contributor Registration Number, if PAC				
Kenneth Kline	Is 1 (0			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount	100.00
973 N. 6th St.	- Ci i	7: 0.1	1 2 1 0 1 5	100.00
City	State	Zip Code	Form(Cash.Check.etc)	
Columbus	O H	43201	Check	

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	,840	.00

Total expe	natures this event	
	0.00	
		_

Page Total \$	670.00_
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^{*} 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)]