

Event Date 11/01/17

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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 Carpenter, Lipps & Leland LLP					Registration Number, if PAC		
Street Address 280 N. Hight St., Suite 1300		Employer Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Committee to Re-Elect Judge Hummer							
Street Address 4314 Donington Dr.		Employer Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	100.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Check			
Full Name of Contributor Abe Bahgat							
Street Address 338 S. High St.		Employer Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Paul Scott Co. LPA							
Street Address 536 S. High St.		Employer Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	250.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Yavitch & Palmer Co, LPA							
Street Address 511 S. High St.		Employer Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	100.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Carl Meyer							
Street Address 1243 S. High St.		Employer Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	100.00
City Columbus		State O H	Zip Code 43206	Form(Cash,Check,etc) Cash			
Full Name of Contributor Jhauna Marie							
Street Address 2960 Wicklow Rd.		Employer Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	50.00
City Columbus		State O H	Zip Code 43204	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

\$1,075

Total expenditures this event

0.00

Page Total \$ **800.00**