Event Date	12/10/15
Page	-8

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	ecretary of State 3/05			
Name of Committee in Full					
Morehart for Judge					
Full Name of Contributor			Registration Number, if PAC		
Trudy Farrar Casper	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount		
145 E. Livingston Ave., Suite B			1 2 1 0 1 5	50.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43215	Check		
Full Name of Contributor	Registration Number, if PAC				
Stanley Dritz					
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount		
400 S. 5th St., Suite 303			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		
Troy Doucet					
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount		
700 Stonehenge Parkway, Suite 2B			1 2 1 0 1 5	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43017	Check		
Full Name of Contributor			Registration Number, if PAC		
Shawn Dingus					
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount		
250 Civic Center Dr., Suite 600	Į.		1 2 1 0 1 5	100.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O_H	43215	Check		
Full Name of Contributor Registration Number, if PAC					
Dennis Day					
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount		
1427 1/2 Bryden Rd.			1 2 1 0 1 5	75.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43205	Check		
Full Name of Contributor			Registration Number, if PAC		
Mark Collins					
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount		
492 S. High St., 3rd Flr.			1 2 1 0 1 5	100.00	
City	State	Zip Code	Form(Cash,Check.etc)		
Columbus	O H	43215	Check		
Full Name of Contributor			Registration Number, if PAC		
Nikki Churchill					
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount		
150 E. Mound St., Suite 200			1 2 1 0 1 5	20.00	
City	State	Zip Code	Form(Cash,Check,etc)		
Columbus	O H	43215	Cash		
<del></del>					

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			
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l	0.00			
-				

Page Total \$	545.00_
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<sup>\*</sup> 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)]