Event Date	04/26/17
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Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05			
Name of Committee in Full					
Morehart for Judge					
Full Name of Contributor			Registration Number, if PAC		
Neil Rosenberg			·		
Street Address	Employer/Occupation/Labor Organization*		M D	Y Amount	
400 S. High St., Suite 301				6 1 7	125.00
City	State	Zip Code	Form(Cash,Che		
Columbus	<u> </u>	43215	Che		
Full Name of Contributor			Registration N	umber, if PAC	
Angela Brown					
Street Address	Employer/Occupation/Labor Organization*		$\begin{bmatrix} M & D \\ 0 & 4 & 2 \end{bmatrix}$	Y Amount	407.00
536 S. High St.				6 1 7	125.00
City	State	Zip Code	Form(Cash,Che		
Columbus	I O I H	43215	Che		
Full Name of Contributor			Registration N	umber, if PAC	
Dennis Belli		·	M D		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount	400.00
536 S. High St.				6 1 7	100.00
City	State	Zip Code	Form(Cash,Ch		
Columbus	OH	43215	Che		
Full Name of Contributor			Registration N	umber, if PAC	
Julia Leveridge	In		M D	1 1.	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount	200.00
3160 Fisher Pl.		Tar. 6. 1	0 4 2	6 1 7	200.00
City	State	Zip Code	Form(Cash,Ch		
Columbus Full Name of Contributor	ОН	43221	Check Registration Number, if PAC		
			Registration N	umber, if PAC	
Holly Brown	Te			1 7 1	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Y Amount	100.00
3905 Lyon Dr.		Ta: 0.1	0 4 2 Form(Cash,Ch	6 1 7	100.00
City	State	Zip Code			
Upper Arlington Full Name of Contributor	O H	43220	Che		
1			Registration N	umber, if PAC	
Bill Hedrick Street Address	IElavar/Oanum	ation/Labor Openingtion*	M D	Y Amount	
	Employer/Occupation/Labor Organization*			I I	100.00
535 W. 1st Ave.	State	Trin Codo	0 4 2 Form(Cash,Ch	6 1 7	100.00
Columbus	OH	Zip Code 43215	Che		
Columbus Full Name of Contributor	() II	43213	Registration N		
Luther Liggett			Registration	unioer, ii FAC	
Street Address	Employer/Occupation/Labor Occopiantion*		M D	Y Amount	
5053 Grassland Dr.	Employer/Occup	Employer/Occupation/Labor Organization*		6 1 7	100.00
City	State	Zip Code	Form(Cash,Ch		100.00
Dublin	OH	43016	Che		
Dubini	[() 11	1 7010	LITE	CN	

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	Total expenditures this event	
4.270.00		Page Total \$850.00
4.350.00	667.14	

^{*} 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)]