Event Date	06/24/15
Page	15

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

		eciciary of State 3703					
Name of Committee in Full							
Morehart for Judge Full Name of Contributor			ls :				
1			Kegistra	ition Nun	nber, if P	AC	
Ianet Grubb		· · · · · · · · · · · · · · · · · · ·					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	
225 Eastmoor Blvd.					1 5		200.00
City	State	Zip Code	Form(C:	ash,Chec	k.etc)		
Columbus	OiH	43209		Chec	k		
Full Name of Contributor			Registra	nion Nun	ber, if P	AC .	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Ð	Y	Amount	
			li	:	;		
City	State	Zip Code	Form(C	ash Chec	k.etc)		
	1	'					
Full Name of Contributor			Revistra	tion Num	ber, if PA	AC .	
Tall Name of Controllor			Registra		10Ct, 11 1 7	ic .	
Street Address	Employer/Occur	pation/Labor Organization*	М	D	Y	Amount	
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City	State	Zip Code	Form(C)	ash,Chec	. ero)		
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Full Name of Contributor			Kegistra	tion Nur	iber, if PA	AC .	
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount	
			11	1	1		
City	State	Zip Code .	Form(Ca	sh Chec	k.etc)		
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Full Name of Contributor	<u> </u>	1	Remotra	tion Num	ber, if PA	\C	
			1				
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*		D	Y	Amount	
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City	State	Zip Code	FormiCs	sh,Checl	(etc)		
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T II No and Company	!	1	n - i	siaa Nam	h if D.		
Full Name of Contributor			Kegisira	HOD INUE	ber, if PA	10	
Street Address	Employer/Occur	oation/Labor Organization*	м	D	Y	Amount	
	-			1	i		
City	State	Zip Code	Form(Cs	sh,Checl	(etc)		
chy	State	Zip Code	Former	1311, 611661			
Full Name of Contributor			Parietra	tion Num	ber, if PA		
i an rank of Continuity			13563112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Street Address	Employer/Occupation/Labor Organization*		м	D	Y	Amount	
·	,			1	1		
City	State	Zip Code	Form(C:	sh,Checi	(,etc)		
	i		3		•		
<u> </u>		<u> </u>					

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				
\$4,565.00				

Total expenditures this event					
	1 020 00				
					

Page Total \$	200.00
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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)]