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Statement of Contributions Received

Prescribed by Secretary of State 3/05

N							
Name of Committee in Full							
Morehart for Judge			15				
Full Name of Contributor			Registrat	ion Numb	per, if PA	С	
Amy Ivanoff	T5 :					E 15 1	
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check	(, etc.)
1049 S. Washington Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43206		$0 \mid 1$	1 7		25.00
Full Name of Contributor Registration Number, if PAC							
Steven Ball							
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Checl	c, etc.)
1010 Old Henderson Rd., Suite 1	İ					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43220	0 8	1 0	1:7		75.00
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·		tion Numb	er, if PA	С	
Richard Frye			Ì				
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check	k, etc.)
1669 Roxbury Rd.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	$O \mid H$	43212	10.8	1 4	1 7		125.00
Full Name of Contributor		10212				Ċ	120.00
Full Name of Contributor SMDHLS Bonding Co., LLC Registration Number, if PAC							i
Street Address	Employer/Occupa	ition/Labor Organization*			-	Form (Cash, Check	k. etc.)
	2.mproyen cocupa					Check	-,,
571 S. High St.	State	Zip Code	Тм	D	Y	Amount	
1	OH	43215	0 8		1 7	unount	100.00
Columbus	10 11	43213					100.00
1	Full Name of Contributor Registration Number, if PAC						
Katheryn Sanford	E/O	ti-uff -law Onne-i-stion#				Form (Cash, Chec	k ata \
Street Address	Employer/Occupa	ation/Labor Organization*				` ,	K, CIC.)
1763 Merriweather Dr.		la: 0 1	1.0	1 5	· ·	Check	
City	State	Zip Code	M	D	Y	Amount	20.00
Columbus	OH	43221		3 0	1 7	<u></u>	30.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
John Bates							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
495 S. High St., Suite 200		,				Check	
City	State	Zip Code	М	D	Y	Amount	•00.00
Columbus	OH	43215		0 5			200.00
Full Name of Contributor	· ·		Registra	tion Num	ber, if PA	.C	
Carpenter, Lipps & Leland LLP							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
280 N. High St., Suite 1300				·,·		Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	0 9		1 7	l	125.00
Full Name of Contributor Registration Number, if PAC							
Richanne Zymkoski							
Street Address	reet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
2128 Poplar St.				_		Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43207	0 9	0 8	1 7		150.00

* 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)]

Page Total \$	830