31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Morehart for Judge							
Full Name of Contributor						**Registration Number, if PAC**	
Mary Beth Fisher							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3636 N. High St.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43214	08	04	15		75.00
Full Name of Contributor						**Registration Number, if PAC**	
Tvack, Blackmore, Liston & Nigh Co., LPA							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
536 S. High St.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43215	08	05	15		75.00
Full Name of Contributor						**Registration Number, if PAC**	
Contributions from Form 31-E							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
			08	06	15		2,890.00
Full Name of Contributor						**Registration Number, if PAC**	
Ruth Ellen Weaver							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
400 Stanberry Ave.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43209	08	10	15		200.00
Full Name of Contributor						**Registration Number, if PAC**	
Richard Neal							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
370 S. 5th St., Suite A2							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43215	08	11	15		75.00
Full Name of Contributor						**Registration Number, if PAC**	
Madeline Shaw							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1213 Leicester Pl.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43235	08	12	15		75.00
Full Name of Contributor						**Registration Number, if PAC**	
William Hemming							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
241 W. Henderson Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43214	08	13	15		20.00
Full Name of Contributor						**Registration Number, if PAC**	
Darrin Leist							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
7956 Birch Creek Dr.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Blacklick	OH	43004	08	14	15		200.00

* 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 $ 3,610.00