

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Vorys Sater Seymour & Pease LLP PAC					Registration Number, if PAC OH109		
Street Address 52 E. Gay St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 1	Y 1	Amount 2,500.00	
Full Name of Contributor Hunter, Carnahan, Shoub, Byard & Harshman					Registration Number, if PAC		
Street Address 3360 Tremont Rd., Suite 230		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0	D 1	Y 2	Amount 100.00	
Full Name of Contributor Bradley Frick and Associates, LLC					Registration Number, if PAC		
Street Address 1265 Neil Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 1	Y 2	Amount 250.00	
Full Name of Contributor Cloppert, Latanick, Sauter & Washburn, LLP					Registration Number, if PAC		
Street Address 225 E. Broad St., 4th Flr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 1	Y 3	Amount 100.00	
Full Name of Contributor Jeffrey Berndt					Registration Number, if PAC		
Street Address 575 S. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 0	Amount 50.00	
Full Name of Contributor Contributions from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
			0	2	0	6,310.00	
Full Name of Contributor Bertha Duran Co., LPA					Registration Number, if PAC		
Street Address 52 W. Whittier St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 2	Y 1	Amount 500.00	
Full Name of Contributor Lawrence Riehl					Registration Number, if PAC		
Street Address 500 S. High St., Suite 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 1	Amount 250.00	

* 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 \$ **10,060.00**