

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge												
Full Name of Contributor Sravani Paladugu						Registration Number, if PAC						
Street Address 343 Abbotsbury Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Westerville		State O H		Zip Code 43082		M 1 0		D 2 5		Y 1 5		Amount 40.00
Full Name of Contributor Jeffrey Basnett						Registration Number, if PAC						
Street Address 282 Woodland Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43203		M 1 0		D 2 6		Y 1 5		Amount 300.00
Full Name of Contributor Ronald Snyder						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 1 0		D 2 9		Y 1 5		Amount 150.00
Full Name of Contributor Ralph Silvestri						Registration Number, if PAC						
Street Address 130 E. Chestnut St., Suite 402			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 2		Y 1 5		Amount 250.00
Full Name of Contributor David Lowenstein						Registration Number, if PAC						
Street Address 691 S. Fifth St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 2		Y 1 5		Amount 150.00
Full Name of Contributor Mathias Manner						Registration Number, if PAC						
Street Address 4645 Executive Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43220		M 1 1		D 0 3		Y 1 5		Amount 100.00
Full Name of Contributor Lorelei Lanier						Registration Number, if PAC						
Street Address 1515 W. Lane Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43221		M 1 1		D 1 7		Y 1 5		Amount 100.00
Full Name of Contributor Karen Held Phipps						Registration Number, if PAC						
Street Address 4333 Reed Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43220		M 1 1		D 2 0		Y 1 5		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 \$ 1,340.00