

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
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 4	Y 2	Amount 50.00	
Full Name of Contributor Committee to Re-Elect Judge Hummer					Registration Number, if PAC		
Street Address 4314 Donnington Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 4	Y 2	Amount 250.00	
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	4	2	4,350.00	
Full Name of Contributor Terry Sherman					Registration Number, if PAC		
Street Address 175 S. Merkle Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0	D 4	Y 2	Amount 250.00	
Full Name of Contributor Timothy Gerrity					Registration Number, if PAC		
Street Address 1001 Meeklyn Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0	D 4	Y 2	Amount 100.00	
Full Name of Contributor Qdro Partners, LLC					Registration Number, if PAC		
Street Address 175 S. Third St., Suite 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 4	Y 2	Amount 50.00	
Full Name of Contributor Merisa Bowers					Registration Number, if PAC		
Street Address 400 S. 5th St., Suite 101		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 4	Y 2	Amount 200.00	
Full Name of Contributor Lawrence Levinson					Registration Number, if PAC		
Street Address 4529 Neiswander Sq.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0	D 5	Y 0	Amount 50.00	

* 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 \$ 5,300.00