

Statement of Contributions Received

Prescribed by Secretary of State 3.05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Teamsters Union Local No. 284					Registration Number, if PAC OH592		
Street Address 555 E. Rich St.		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 1	Amount 500.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor Michael Johrendt					Registration Number, if PAC		
Street Address 434 Tarpon Dr.		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Fripp Island	State S C	Zip Code 29920	M 1	D 0	Y 1	Amount 300.00	
Full Name of Contributor Willis Law Firm, LLC					Registration Number, if PAC		
Street Address 141 E. Town St., Suite 200		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 250.00	
Full Name of Contributor Teachers for Schools PAC					Registration Number, if PAC		
Street Address 989 E. Broad St.		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 1,000.00	
Full Name of Contributor Nancy Murtha					Registration Number, if PAC		
Street Address 4215 Sunbury Rd.		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43219	M 1	D 0	Y 2	Amount 100.00	
Full Name of Contributor Dettlebach for Ohio					Registration Number, if PAC		
Street Address 35 E. Gay St., Suite 403		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2	Amount 200.00	
Full Name of Contributor Ray Mularski					Registration Number, if PAC		
Street Address 107 W. Johnstown Rd.		Employer Occupation/Labor Organization*			Form (Cash, Check, etc.) Online		
City Gahanna	State O H	Zip Code 43230	M 1	D 0	Y 2	Amount 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 **2,500**