

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Stephen Daley					Registration Number, if PAC		
Street Address 852 Highview Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor John Connor					Registration Number, if PAC		
Street Address 436 W. 5th Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0	D 9	Y 0	Amount 100.00	
Full Name of Contributor Kathleen Chasteen					Registration Number, if PAC		
Street Address 555 S. Third St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 0	Amount 25.00	
Full Name of Contributor Mark Serrott					Registration Number, if PAC		
Street Address 789 Northwest Blvd, Apt. A.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43212	M 0	D 9	Y 1	Amount 100.00	
Full Name of Contributor Stanley Dritz					Registration Number, if PAC		
Street Address 400 S. 4th St., Suite 303		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 1	Amount 150.00	
Full Name of Contributor Malek & Malek, LLC					Registration Number, if PAC		
Street Address 1227 S. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 9	Y 2	Amount 275.00	
Full Name of Contributor Issac Wiles Burkholder & Teetor, LLC PAC					Registration Number, if PAC CP1058		
Street Address 2 Miranova Pl, Suite 700		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Amount 1,500.00	
Full Name of Contributor Kristin Bryant					Registration Number, if PAC		
Street Address 538 E. Rich St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Amount 100.00	

* 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 \$ 2,350