

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Ruth Farthing					Registration Number, if PAC		
Street Address 602 E. Weisheimer Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 8	D 1 4	Y 1 5	Amount 30.00	
Full Name of Contributor Lee Ann Massucci					Registration Number, if PAC		
Street Address 2509 Canterbury Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 8	D 1 4	Y 1 5	Amount 100.00	
Full Name of Contributor Vorvs Sater Seymour & Pease LLP PAC					Registration Number, if PAC OH108		
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 8	D 1 7	Y 6 1 5	Amount 500.00	
Full Name of Contributor Sherry Fleury					Registration Number, if PAC		
Street Address 6981 Post Preserve Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 8	D 1 8	Y 1 5	Amount 200.00	
Full Name of Contributor Contributions for Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 0 8	D 1 9	Y 1 5	Amount 775.00	
Full Name of Contributor Francine Jacobs					Registration Number, if PAC		
Street Address 5050 Thornhill Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 8	D 2 3	Y 1 5	Amount 25.00	
Full Name of Contributor John Izzo					Registration Number, if PAC		
Street Address 5536 Little Falls Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 8	D 2 4	Y 1 5	Amount 20.00	
Full Name of Contributor Jodelle D'Amico					Registration Number, if PAC		
Street Address 7110 E. Livingston Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 8	D 2 5	Y 1 5	Amount 75.00	

* 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 \$ 1,725.00