

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 8	D 2 6	Y 1 5	Amount 50.00	
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	D	Y	Amount	
	 		0 8	2 7	1 5	2,295.00	
Full Name of Contributor Pamela Simmons						Registration Number, if PAC	
Street Address 2581 E. 5th Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 0 8	D 3 0	Y 1 5	Amount 200.00	
Full Name of Contributor Christopher Minillo						Registration Number, if PAC	
Street Address 1500 W. Third Ave., Suite 210			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43212	M 0 8	D 3 1	Y 1 5	Amount 100.00	
Full Name of Contributor Ted Barrows						Registration Number, if PAC	
Street Address 4834 Sarasota Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State O H	Zip Code 43026	M 0 9	D 0 2	Y 1 5	Amount 300.00	
Full Name of Contributor Megan Foley						Registration Number, if PAC	
Street Address 373 E. Tulane Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43214	M 0 9	D 0 3	Y 1 5	Amount 20.00	
Full Name of Contributor Luther Liggett						Registration Number, if PAC	
Street Address 5053 Grassland Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016	M 0 9	D 0 3	Y 1 5	Amount 200.00	
Full Name of Contributor Lvnda Marcum						Registration Number, if PAC	
Street Address 6119 Catawba Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State O H	Zip Code 43123	M 0 9	D 0 9	Y 1 5	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)]