31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Morehart for Judge							
Full Name of Contributor						**Registration Number, if PAC**	
Jeffrey Mackey							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1538 Melrose Ave.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43224	09	14	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Jon Saia							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
713 S. Front St.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43026	09	15	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Contributions from Form 31-E							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
			09	17	15		2,000.00
Full Name of Contributor						**Registration Number, if PAC**	
Jo Anne Lyle							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1600 Pontious Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Circleville	OH	43113	09	18	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Linda Mosbacher							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
6381 Clark State Rd.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	09	21	15		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Mellissa Fuhrmann							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
1849 Willoway Cir. N.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43220	09	24	15		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Contributions from Form 31-E							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
			10	01	15		1,090.00
Full Name of Contributor						**Registration Number, if PAC**	
Lisa Stefanelli							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3186 Miriam Dr. N.							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43204	10	08	15		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 $ 3,440.00