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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			
Contributions from Form 31-E		******					
Street Address	Employer/Occu	spation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
	i		11:0	0 5	1 7	2,950.00	
Full Name of Contributor					ber, if PA		
Contributions from Form 31-E							
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)			
City	State	Zip Code	М	D	Y	Amount	
				1 5		700.00	
Full Name of Contributor	Registrat	Registration Number, if PAC					
Street Address	<b>_</b>			Form (Cash, Check, etc.)			
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	State	Zip Code	М	D	Y		
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			Registrat	ion Num	ber, if PA	С	
	In						
	Employer/Occu	pation/Labor Organization*					
	State	Zip Code	М	D	Y		
	<del></del>		Registrat	ion Num	ber, if PA	С	
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Employer/Occupation/Labor Organization*							
	State	Zip Code	М	D	Y		
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		1	Registrat	ion Num	ber, if PA	C	
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	Employer/Occu	pation/Labor Organization*	······································				
City	State	Zip Code	М	D	Y		
				i i			
	ber, if PA	С					
	Employer/Occu	pation/Labor Organization*					
	State	Zip Code	M	D	Y		
			ln.	ion N	ber, if PA		
	C						
Employer/Occupation/Labor Organization*							
City	State	Zip Code	M	D	Y	Amount	

Page Total \$ 3,650

<sup>\*</sup> 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)]