

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 2 | D 2 7 | Y 1 7 | Amount 50.00 | |
| Full Name of Contributor David Goldstein | | | | | Registration Number, if PAC | | |
| Street Address 310 W. 7th Ave. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43215 | M 0 2 | D 2 8 | Y 1 7 | Amount 250.00 | |
| Full Name of Contributor Contributions from 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 3 | 0 8 | 1 7 | 2,025.00 | |
| Full Name of Contributor Crabbe, Brown & James, LLP | | | | | Registration Number, if PAC | | |
| Street Address 500 S. Front St, Suite 1200 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43215 | M 0 3 | D 0 9 | Y 1 7 | Amount 150.00 | |
| Full Name of Contributor IBEW 683 PCE | | | | | Registration Number, if PAC | | |
| Street Address 939 Goodale Blvd., Suite 100 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | State O H | Zip Code 43212 | M 0 3 | D 0 9 | Y 1 7 | Amount 1,000.00 | |
| Full Name of Contributor Jeffrey A. Catri Co., LLC | | | | | Registration Number, if PAC | | |
| Street Address 4618 Stockport Cir. | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | | |
| City Dublin | State O H | Zip Code 43016 | M 0 3 | D 2 9 | Y 1 7 | Amount 100.00 | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | |
| City | State | Zip Code | M | D | Y | Amount | |
| | | | | | | | |

* 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 \$ **3,575.00**