

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Stonewall Democrats of Central Ohio					Registration Number, if PAC		
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 1 5	Y 1 5	Amount 150.00	
Full Name of Contributor Lawrence Levinson					Registration Number, if PAC		
Street Address 4477 Ackerly Farm Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1 0	D 1 5	Y 1 5	Amount 50.00	
Full Name of Contributor Joseph Kelly					Registration Number, if PAC		
Street Address 111 W. Rich St., Suite 600		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 1	Y 1 5	Amount 100.00	
Full Name of Contributor Dennis Kaps					Registration Number, if PAC		
Street Address 61 Leland Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 1 0	D 2 1	Y 1 5	Amount 25.00	
Full Name of Contributor Contribution from Form 31-E					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State 	Zip Code	M 1 0	D 2 2	Y 1 5	Amount 1,075.00	
Full Name of Contributor Columbus Fire Union L67 PAC Fund					Registration Number, if PAC LA 839		
Street Address 379 W. Broad St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 3	Y 1 5	Amount 500.00	
Full Name of Contributor Marty Anderson					Registration Number, if PAC		
Street Address 400 S. Fifth St., Suite 101		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1 0	D 2 3	Y 1 5	Amount 100.00	
Full Name of Contributor LeeAnn 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 1 0	D 2 4	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)]

Page Total \$ **2,100.00**