| Page | |
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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 | | · · · · · · · · · · · · · · · · · · · | D | | t 'CD4 | | |
| Franklin County Democratic Lawyers Club PAC | | | Registration Number. if PAC OH1164 | | | | |
| Street Address | | ation/Labor Organization* | <i>C</i> /1. | 11104 | | Form (Cash, Check, etc.) | |
| 1141 S. High St. | Zimproyer occupi | anni Luon Organization | | | | Check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Columbus | OH | 43206 | 1 1 | 2 0 | 1 7 | 100.00 | |
| Full Name of Contributor | • | | Registra | tion Num | ber. if PA | | |
| Contributions from Form 31-E | | | | | | | |
| Street Address | Employer Occupa | ation/Labor Organization* | • | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | М | D | Y | Amount | |
| | State | Esp code | 1 1 | $\begin{bmatrix} 0 & 1 \end{bmatrix}$ | $\begin{vmatrix} 1 & 7 \end{vmatrix}$ | 2F011# | |
| Full Name of Contributor | <u>.t</u> | | | | | | |
| Full Name of Contributor Contributions from Form 31-E | | | | | | | |
| Street Address | Employer Occup: | ation/Labor Organization* | Ь | | - | Form (Cash, Check, etc.) | |
| Sheet Address. | Employer Occupi | ation/Labor Organization | | | | offit (Casil. Check. Clc.) | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | 1 2 | 0 6 | 1 7 | #795 | |
| Full Name of Contributor | • | · | | | ber, if PA | | |
| Allen Reis | | | | | | | |
| Street Address | Employer Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| 1304 Amberlea Dr. W | | | | | | Check | |
| City | State | Zip Code | M | D | Y | Amount | |
| Gahanna | OH | 43230 | 1 2 | 0 7 | l 1 7 | 100.00 | |
| Full Name of Contributor | • | • • • • • • • • • • • • • • • • • • • | | | ber, if PA | | |
| Ross, Midian & Breitmayer, LLC | | | | | | | |
| Street Address | Employer Occupa | ation/Labor Organization* | - | | | Form (Cash, Check, etc.) | |
| 846 S. High St. | | | | | | Check | |
| City | State | Zip Code | М | D | Y | Amount | |
| Columbus | OH | 43206 | 1 2 | 0 7 | 1 7 | 100.00 | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | Ċ | |
| | | | | | | | |
| Street Address | Employer Occupa | ation/Labor Organization* | | | | Form (Cash, Check, etc.) | |
| City | State | Zip Code | M | D | Y | Amount | |
| • | |] ' | | | | | |
| Full Name of Contributor | | | Registra | tion Num | ber. if PA | C | |
| | | | | | | | |
| Street Address | Employer Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | | | |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | | | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | C | |
| Street Address | Employer/Occurs | ation/Labor Organization* | <u> </u> | | | Form (Cash, Check, etc.) | |
| | | | | | | - STATE CHOCK CO. | |
| City | State | Zip Code | М | D | ΙΥ | Amount | |
| | | * | | | | | |
| | | | | | | | |

Page Total S . 42,170

^{*} 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)]