Page 3	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Morehart for Judge	=		D. 11		i cn.	
			Registra	tion Num	ber, if PA	iC.
Dustin Blake						In 10 10 1
Street Address	Employer/Occi	upation/Labor Organization*	•			Form (Cash, Check, etc.)
580 S. High St., Suite 200						Check_
City	State	Zip Code	M	D	Y	Атоилт
Columbus	J O I H	43215	111	2 5	1 5	100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C
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Succi Audicss	Employer/Occi	upanon/Labor Organization				Form (Cash, Check, etc.)
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City	State	Zip Code	M _.	D	Y	Amount
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City	State	Zip Code	М	D	Y	Amount
	Jaic	Dip Code	1 11	J	',	тинуши
				<u> </u>		

Page Total \$	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 payroli 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)]