Page 7	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Morehart for Judge							
Full Name of Contributor			Registration Nu	ımber, if PA	С		
Cleve Johnson							
Street Address	Employer/Occi	pation/Labor Organization*			Form (Cash, Check, etc.)		
123 Price Ave.					Online		
City	State	Zip Code	M D	Y	Amount		
Columbus	OH	43201	1 0 1	8 1 7	300.00		
Full Name of Contributor		1020	Registration Nu				
Janet Jackson				·			
Street Address	Employer/Occi	pation/Labor Organization*			Form (Cash, Check, etc.)		
2865 Castlewood		2			Check		
City	State	Zip Code	M D	Y	Amount		
Columbus	OH	l -		$8 \begin{vmatrix} 1 \\ 1 \end{vmatrix} 7 \begin{vmatrix} 1 \\ 1 \end{vmatrix}$	125.00		
Full Name of Contributor	10 11	43209	Registration Nu				
			Registration No	illiber, ii FA	C		
Contributions from Form 31-E Street Address	Elever/Occ	mation // shap Occanication*			Free (Cook Chook at)		
Street Address	Employer/Occi	ipation/Labor Organization*			Form (Cash, Check, etc.)		
	<u> </u>	<u>-γ.:</u>					
	State	Zip Code	MD	Y			
			0 6 0		2,085.00		
			Registration Nu	imber, if PA	С		
Contributions from Form 31-E							
	Employer/Occi	pation/Labor Organization*					
	State	Zip Code	M D	Y			
			0 7 0	8 1 7	425.00		
			Registration Nu		С		
Contributions from Form 31-E							
	Employer/Occu	pation/Labor Organization*					
	State	Zip Code	M D	Y			
		'	0 7 1	2 1 7	810.00		
			Registration Nu				
Contributions from Form 31-E				,			
Contributions from Form 31-L	Employer/Occi	pation/Labor Organization*			<u> </u>		
	Imployer coo.	panon bacor organization					
City	State	Zip Code	M D	ΙΥ			
City	State	Zip Code	$\begin{bmatrix} 1 & 1 & 1 \\ 0 & 7 & 2 \end{bmatrix}$		2 420 00		
			Registration Nu				
Cantallantiana (nama Fanna 21 F			Registration No	illiber, il PA	C		
Contributions from Form 31-E	In 1 10						
	Employer/Occi	ipation/Labor Organization*					
							
	State	Zip Code	M D	Y			
		<u> </u>	0 8 2		3,225.00		
			Registration Nu	ımber, if PA	С		
Contributions from Form 31-E							
1	Employer/Occi	ipation/Labor Organization*					
City	State	Zip Code	M D	Y	Amount		
i			0 9 1	3 1 7	2,935.00		

Page Total \$ 12,325

^{*} 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)]