

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor William Lazarow					Registration Number, if PAC		
Street Address 400 S. 5th St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 6	D 2 2	Y 1 5	Amount 150.00	
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 6	2 4	1 5	4,565.00	
Full Name of Contributor Rosemarie Welch					Registration Number, if PAC		
Street Address 3587 Greenville Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lewis Center	State O H	Zip Code 43035	M 0 6	D 2 5	Y 1 5	Amount 150.00	
Full Name of Contributor Cap Clegg					Registration Number, if PAC		
Street Address 5334 McGinty Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 6	D 2 5	Y 1 5	Amount 200.00	
Full Name of Contributor David Glisson					Registration Number, if PAC		
Street Address 7 Alban Mews		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 0 6	D 2 6	Y 1 5	Amount 50.00	
Full Name of Contributor Bradley Frick					Registration Number, if PAC		
Street Address 1265 Neil Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 7	D 0 2	Y 1 5	Amount 100.00	
Full Name of Contributor Shari Stump					Registration Number, if PAC		
Street Address 4400 Deveron Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State O H	Zip Code 43123	M 0 7	D 0 6	Y 1 5	Amount 75.00	
Full Name of Contributor Denise Mirman					Registration Number, if PAC		
Street Address 1320 Dublin Rd., Suite 101		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 1 3	Y 1 5	Amount 250.00	

* 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)]