

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Douglas Karr					Registration Number, if PAC		
Street Address 690 Shore Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43229	M 0	D 7	Y 1	Amount 100.00	
Full Name of Contributor Adam Eliot					Registration Number, if PAC		
Street Address 2517 E. Livingston Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0	D 7	Y 1	Amount 150.00	
Full Name of Contributor David Goldstein					Registration Number, if PAC		
Street Address 155 S. Broadleigh		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0	D 7	Y 1	Amount 300.00	
Full Name of Contributor Jacqueline Kemp					Registration Number, if PAC		
Street Address 88 W. Mound St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 7	Y 1	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 0	D 7	Y 1	Amount 50.00	
Full Name of Contributor Luther Liggett					Registration Number, if PAC		
Street Address 5053 Grassland Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0	D 7	Y 1	Amount 100.00	
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 I	Zip Code	M 0	D 7	Y 1	Amount 1,220.00	
Full Name of Contributor Dennis McNamara					Registration Number, if PAC		
Street Address 3966 Farlington Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0	D 7	Y 1	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 \$ 2,120.00