Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Morehart for Judge Full Name of Contributor			- In		1 (00.4		
			Registra	ition Num	ber, if PA	.C	
Christine Snyder	Jr., 1,/0	ation/Labor Organization*				n (0 1 0	
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
3843 Pine Siskin Rd.	St-t-	7.01		T 5	T 17	Check	
Calagraph	State O H	Zip Code	М	D	Y	Amount	F 0.00
Gahanna Full Name of Contributor	O H	43230		29 tion Num			50. <u>00</u>
			Registra	ition Num	ber, ii PA	ı.C	
Michael Oser Street Address	Ir/0					F (C 1 C	
	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
490 City Park Ave	Cura	7: 0.1	1 57	T 5	T 1/	Check	
City	State O H	Zip Code	M	D	Y	Amount	100.00
Columbus Full Name of Contributor	<u> </u>	43215		0 2			100.00
			Kegistra	ition Num	ber, if PA		
Thomas Gjostein Street Address	F1/0	ation/Labor Organization*				F (C) . (1)	•
	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
6720 Hayhurst St.	St. 4	7. 6.1	1 1/	1 5	1 1/	Online	
City	State O H	Zip Code	M	D	Y	Amount	050.00
Worthington Full Name of Contributor	0 H	43085	1 0		1 7		250.00
			Registra	tion Num	ber, ii PA	i.C	
Carl Aveni	F 1 . /0:	w: # 1 O : d •				r (0.1.0)	
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
4091 Glenmont Pl.		Ta: a s		T 5	T	Online	
City	State H	Zip Code	M	D	Y	Amount	100.00
Columbus Full Name of Contributor	O H	43214	1 0		1 7		100.00
			_	tion Num	ber, ii PA	i.C	
CMP Law PAC Street Address	In 1 10	OH1505			F (0.1.0)		
	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
366 E. Broad St.	St. t.	7:. 0.1.		T 5	T v	Check	
City	State H	Zip Code	M	D	Y	Amount	250.00
Columbus Full Name of Contributor	O H	43215	1 0		1 7		250.00
			Kegistra	tion Num	ber, if PA	i.C	
John Bates	Ir. 1 (0					F. (C. I. C.	1
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
495 S. High St., Suite 400	C	7: 0.1		l n	1 - 57	Check	
City	State	Zip Code	M	D	Y	Amount	200.00
Columbus	OH	43215		1 1			200.00
Full Name of Contributor			Registra	ntion Num	iber, it PA	iC .	
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	
Julie Van De Mark							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
492 City Park Ave.				Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215	1 0	1 2	1 7	ŀ	100.00
aguired for contributions from individuals over \$100 to statewi	de and amount annumbly cond	<u> </u>				nama of the	

Daga Tatal C	
Page Total \$	1.010

^{*} 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)]