31-A
R.C. 3517.10

Page 04

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

| Name of Committee in Full | | | | | | | |
|---|---|---|---|---|---|---|---|
| Morehart for Judge | | | | | | | |
| **Full Name of Contributor** | | | | | | **Registration Number, if PAC** | |
| Mary Beth Fisher | | | | | | | |
| **Street Address** | **Employer/Occupation/Labor Organization*** | | | | | | **Form (Cash, Check, etc.)** |
| 3636 N. High St. | | | | | | | Check |
| **City** | **State** | **Zip Code** | **M** | **D** | **Y** | | **Amount** |
| Columbus | OH | 43214 | 08 | 04 | 15 | | 75.00 |
| **Full Name of Contributor** | | | | | | **Registration Number, if PAC** | |
| Tvack, Blackmore, Liston & Nigh Co., LPA | | | | | | | |
| **Street Address** | **Employer/Occupation/Labor Organization*** | | | | | | **Form (Cash, Check, etc.)** |
| 536 S. High St. | | | | | | | Check |
| **City** | **State** | **Zip Code** | **M** | **D** | **Y** | | **Amount** |
| Columbus | OH | 43215 | 08 | 05 | 15 | | 75.00 |
| **Full Name of Contributor** | | | | | | **Registration Number, if PAC** | |
| Contributions from Form 31-E | | | | | | | |
| **Street Address** | **Employer/Occupation/Labor Organization*** | | | | | | **Form (Cash, Check, etc.)** |
| | | | | | | | |
| **City** | **State** | **Zip Code** | **M** | **D** | **Y** | | **Amount** |
| | | | 08 | 06 | 15 | | 2,890.00 |
| **Full Name of Contributor** | | | | | | **Registration Number, if PAC** | |
| Ruth Ellen Weaver | | | | | | | |
| **Street Address** | **Employer/Occupation/Labor Organization*** | | | | | | **Form (Cash, Check, etc.)** |
| 400 Stanberry Ave. | | | | | | | Check |
| **City** | **State** | **Zip Code** | **M** | **D** | **Y** | | **Amount** |
| Columbus | OH | 43209 | 08 | 10 | 15 | | 200.00 |
| **Full Name of Contributor** | | | | | | **Registration Number, if PAC** | |
| Richard Neal | | | | | | | |
| **Street Address** | **Employer/Occupation/Labor Organization*** | | | | | | **Form (Cash, Check, etc.)** |
| 370 S. 5th St., Suite A2 | | | | | | | Check |
| **City** | **State** | **Zip Code** | **M** | **D** | **Y** | | **Amount** |
| Columbus | OH | 43215 | 08 | 11 | 15 | | 75.00 |
| **Full Name of Contributor** | | | | | | **Registration Number, if PAC** | |
| Madeline Shaw | | | | | | | |
| **Street Address** | **Employer/Occupation/Labor Organization*** | | | | | | **Form (Cash, Check, etc.)** |
| 1213 Leicester Pl. | | | | | | | Check |
| **City** | **State** | **Zip Code** | **M** | **D** | **Y** | | **Amount** |
| Columbus | OH | 43235 | 08 | 12 | 15 | | 75.00 |
| **Full Name of Contributor** | | | | | | **Registration Number, if PAC** | |
| William Hemming | | | | | | | |
| **Street Address** | **Employer/Occupation/Labor Organization*** | | | | | | **Form (Cash, Check, etc.)** |
| 241 W. Henderson Rd. | | | | | | | Check |
| **City** | **State** | **Zip Code** | **M** | **D** | **Y** | | **Amount** |
| Columbus | OH | 43214 | 08 | 13 | 15 | | 20.00 |
| **Full Name of Contributor** | | | | | | **Registration Number, if PAC** | |
| Darrin Leist | | | | | | | |
| **Street Address** | **Employer/Occupation/Labor Organization*** | | | | | | **Form (Cash, Check, etc.)** |
| 7956 Birch Creek Dr. | | | | | | | Check |
| **City** | **State** | **Zip Code** | **M** | **D** | **Y** | | **Amount** |
| Blacklick | OH | 43004 | 08 | 14 | 15 | | 200.00 |

* 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 $ 3,610.00