## Statement of Contributions Received

Prescribed by Secretary of State 3/05

N. CO. IV. I. P. IV.		<del> </del>					
Name of Committee in Full							
Morehart for Judge Full Name of Contributor	<u> </u>		5 :	,	1070.4		
		Registration Number, if PAC					
Allen Reis	- In				,		
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, C	heck. etc.)
1304 Amberlea Dr. W.					Check		
City	State	Zip Code	М	D	Y	Amount	
Gahanna	O H	43230	1 2				100.00
Full Name of Contributor			Registrat	ion Numb	per, if PA	С	
Richard Piatt							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)
713 S. Front St.						Check	
City	State	Zip Code	М	, D	Y	Amount	
Columbus	OH	43206	1 2	0 8	1 5		250.00
Full Name of Contributor			Registrat	ion Numl	oer, if PA	С	
Gregg Lewis							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, C	heck, etc.)
625 City Park Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43206	1 2	0 9	1 5		100.00
Full Name of Contributor				ion Numl		C	
Columbus Franklin County AFL-CI	O PCE						
Street Address		pation/Labor Organization*		-		Form (Cash. C	heck, etc.)
1545 Alum Creek Dr., 2nd Flr.	, , , , , , , , ,	2.mproyer secupation zavor organization			Check		
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43209	1 2	1 0	1 5		250.00
Full Name of Contributor		10207		tion Numl		C	230.00
Contributions from Form 31-E			registrat	ion i tuni	JC1, 11 1 7 1		
Street Address	Employer/Occur	pation/Labor Organization*				Form (Cash, C	heck etc.)
Silect Address	Employer/Occup	atton/ Labor Organization				i om (casii, c	meek, etc.,
City	State	Zip Code	T M	D	Y	Amount	
Chy	State	Zip Code	1 2		1 5	иноши	4,840.00
Full Name of Contributor				1 0 tion Num		C	4,040.00
			Registrat	non num	oei, ii i A	i.C	
Barry Wilford	[F!/O					Form (Cash, C	hook etc.)
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*					
481 E. Sycamore St.		Ta: 0.1		Гъ	l v	Check	
City	State	Zip Code	M	D	Υ -	Amount	E0.00
Columbus	O H	43215		1 8			50.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	iC .	
IBEW 683 PCE							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
23 W. 2nd Ave.			<del></del>		1	Check	<del></del>
City	State	Zip Code	M	D	Y	Amount	4 000 00
Columbus	ОН	43201	1 2	3 0	1 5		1,000.00
Full Name of Contributor			Registra	tion Num	ber, if PA	ı.C	
Michael Gertner							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
500 S. Front St., Suite 870					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43221	1 2	3 0	1 5	<u> </u>	100.00

Page Total \$ 6,690.00

<sup>\*</sup> 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)]