

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Allen Reis					Registration Number, if PAC		
Street Address 1304 Amberlea Dr. W.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State O H	Zip Code 43230	M 1	D 2	Y 0	Amount 100.00	
Full Name of Contributor Richard Piatt					Registration Number, if PAC		
Street Address 713 S. Front St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1	D 2	Y 0	Amount 250.00	
Full Name of Contributor Gregg Lewis					Registration Number, if PAC		
Street Address 625 City Park Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 1	D 2	Y 0	Amount 100.00	
Full Name of Contributor Columbus Franklin County AFL-CIO PCE					Registration Number, if PAC		
Street Address 1545 Alum Creek Dr., 2nd Flr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 1	D 2	Y 1	Amount 250.00	
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 1	D 2	Y 1	Amount 4,840.00	
Full Name of Contributor Barry Wilford					Registration Number, if PAC		
Street Address 481 E. Sycamore St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 2	Y 1	Amount 50.00	
Full Name of Contributor IBEW 683 PCE					Registration Number, if PAC		
Street Address 23 W. 2nd Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 1	D 2	Y 3	Amount 1,000.00	
Full Name of Contributor Michael Gertner					Registration Number, if PAC		
Street Address 500 S. Front St., Suite 870		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1	D 2	Y 3	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 \$ 6,690.00