

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge													
Full Name of Contributor Lawrence Winkfield						Registration Number, if PAC							
Street Address 400 Sweetgum Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Westerville		State O H		Zip Code 43081		M 0 7		D 1 3		Y 1 7		Amount 100.00	
Full Name of Contributor Joel Campbell						Registration Number, if PAC							
Street Address 575 S. Third St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 7		D 1 3		Y 1 7		Amount 100.00	
Full Name of Contributor Brent Stobbs						Registration Number, if PAC							
Street Address 7650 Slate Ridge Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash						
City Reynoldsburg		State O H		Zip Code 43068		M 0 7		D 2 1		Y 1 7		Amount 100.00	
Full Name of Contributor Laura MacGregor Comek						Registration Number, if PAC							
Street Address 7983 Luckstone Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Dublin		State O H		Zip Code 43017		M 0 7		D 2 1		Y 1 7		Amount 500.00	
Full Name of Contributor Vincent Dugan						Registration Number, if PAC							
Street Address 923 E. Broad St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43205		M 0 7		D 2 4		Y 1 7		Amount 100.00	
Full Name of Contributor Carpenter Lipps & Leland LLP						Registration Number, if PAC							
Street Address 280 N. High St., Suite 1300			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 7		D 2 6		Y 1 7		Amount 150.00	
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 0 7		D 2 6		Y 1 7		Amount 100.00	
Full Name of Contributor Jeffrey Berndt						Registration Number, if PAC							
Street Address 575 S. High St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 7		D 2 6		Y 1 7		Amount 50.00	

* 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 \$ 1,200