

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Laborers International Union of North America					Registration Number, if PAC LA912		
Street Address 620 Alum Creek Dr.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43205	M 0 7	D 2 3	Y 1 5	Amount 2,000.00	
Full Name of Contributor Kristy Swope					Registration Number, if PAC		
Street Address 6480 E. Main St., Suite 102		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg	State O H	Zip Code 43068	M 0 7	D 2 4	Y 1 5	Amount 100.00	
Full Name of Contributor Bergman & Yiangou					Registration Number, if PAC		
Street Address 3099 Sullivant Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43204	M 0 7	D 2 8	Y 1 5	Amount 100.00	
Full Name of Contributor Galen Graham					Registration Number, if PAC		
Street Address 176 E. Gav St.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 7	D 2 9	Y 1 5	Amount 75.00	
Full Name of Contributor Blvthe Bethel					Registration Number, if PAC		
Street Address 495 S. High St., Suite 1200		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43214	M 0 7	D 2 9	Y 1 5	Amount 100.00	
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 3 0	Y 1 5	Amount 75.00	
Full Name of Contributor Ruth Daily					Registration Number, if PAC		
Street Address 5315 Haves Rd.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Groveport	State O H	Zip Code 43125	M 0 7	D 3 1	Y 1 5	Amount 200.00	
Full Name of Contributor Goldman & Braunstein, LLP					Registration Number, if PAC		
Street Address 500 S. Front St., Suite 1200		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 3	Y 1 5	Amount 250.00	

* 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 \$ 2,900.00