

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge							
Full Name of Contributor Michael Silberstein					Registration Number, if PAC		
Street Address 1093 Fountain Lane, Apt. D			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43213		M D Y 0 6 0 5 1 7	Amount 50.00
Full Name of Contributor Dennis McNamara					Registration Number, if PAC		
Street Address 3966 Fairlington Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43220		M D Y 0 6 0 5 1 7	Amount 50.00
Full Name of Contributor Jeffrey Moore					Registration Number, if PAC		
Street Address 100 E. Main St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus		State O H		Zip Code 43215		M D Y 0 6 0 9 1 7	Amount 100.00
Full Name of Contributor Hastie Legal, LLC					Registration Number, if PAC		
Street Address 1258 Grandview Ave., Suite B			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43212		M D Y 0 6 1 4 1 7	Amount 75.00
Full Name of Contributor Rebecca Gooch					Registration Number, if PAC		
Street Address 338 S. High St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43215		M D Y 0 6 2 2 1 7	Amount 100.00
Full Name of Contributor Michael Rankin					Registration Number, if PAC		
Street Address 2432 Wyncourtney Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Powell		State O H		Zip Code 43065		M D Y 0 6 2 6 1 7	Amount 50.00
Full Name of Contributor Samuel H. Shamansky Co. LPA					Registration Number, if PAC		
Street Address 523 S. Third St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43215		M D Y 0 6 2 7 1 7	Amount 1,500.00
Full Name of Contributor Dennis McNamara					Registration Number, if PAC		
Street Address 2966 Fairlington Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H		Zip Code 43220		M D Y 0 7 0 7 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)]