

In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge				
Full Name of Contributor Pamela Makowski		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 555 S. Third St.		Description of Item or Service Food/Drink Expenses		M D Y Fair Market Value 0 7 1 2 1 7 150.00
City Columbus		State O	Zip Code H 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Steven Larson		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 283 S. Third St.		Description of Item or Service Food/Drink Expenses		M D Y Fair Market Value 0 6 0 8 1 7 265.55
City Columbus		State O	Zip Code H 43215	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor Rob Washburn		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5277 Infinity Ct.		Description of Item or Service Postage		M D Y Fair Market Value 0 7 2 0 1 7 49.00
City Grove City		State O	Zip Code H 43123	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Rob Washburn		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 5277 Infinity Ct.		Description of Item or Service Postage		M D Y Fair Market Value 0 6 0 6 1 7 49.00
City Grove City		State O	Zip Code H 43123	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor Toure McCord		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address 844 S. Front St.		Description of Item or Service Postage		M D Y Fair Market Value 0 7 3 1 1 7 99.96
City Columbus		State O	Zip Code H 43206	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization *		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> YES <input type="checkbox"/> NO

* 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)]