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## **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	····						
Morehart for Judge							
Full Name of Contributor	Employer Occup	Registration Number, if PAC					
Pamela Makowski	Employer, Occupation, Labor Organization *		registration Number, if LAC				
Street Address	Description of Item or Service			D	Ŷ	Fair Market Value	
555 S. Third St.	Food/Drink Expenses		м 0±7			E .	150.00
City	State Zip Code		Received at Fundraising Event?				
Columbus	O   H   43215		✓ YES □NO				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Steven Larson			1				
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
283 S. Third St	Food/Drink Expenses		0 6	0 8	1 7		265.55
City	State	Zip Code	Received		raising Ev	vent?	
Columbus	$O \downarrow H$	43215	✓	YES		NO	
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
Rob Washburn		<del></del>	<u> </u>				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
5277 Infinity Ct.	Postage				1 7		49.00
City	State	Zip Code	Received		raising E		
Grove City	$O \mid H$	43123		YES		✓ NO	
Full Name of Contributor	Employer, Occup	ation, Labor Organization *	Registrat	ion Num	ber, if PA	AC	
Rob Washburn	D 111 CT		1		- ·	Te : v :	
Street Address 5277 Infinity Ct.	Description of Item or Service		M	D	Y 1 : 17	Fair Market Value	40.00
	State	Postage Zip Code	0 6 Received	U   O	1 7		49.00
City Grove City		43123		YES	raising E	Vent?	
Full Name of Contributor		pation, Labor Organization *	Registrat		her if PA		
Toure McCord	isinpio, et, occup	anon, caoo, organization	, region an		•••,		
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	····
844 S. Front St.		Postage	0:7	3 1	1 7		99.96
City	State	Zip Code	Received				
Columbus	$\cap$ $\mid$ H	43206	_	YES		✓NO	
Full Name of Contributor	Employer, Occup	Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
City	State	Zip Code	Received		raising E	vent?	
				YES		NO	
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registrat	ion Num	ber, if PA	AC	
			——		,——-		
Street Address	Description of Item or Service		M	D	Y	Fair Market Value	
	0	Ta: 6 1				L	
City	State Zip Code		Received at Fundraising Event?				
E HALL CO . T.	Employer Occupation Labor Occasionation *		Registration Number, if PAC				
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registrat	ion ivum	ber, ii P	AC .	
Street Address	Description of Item or Service		М	D	Y	Fair Market Value	
1	1		1 : 1		1		
City	State	Zip Code	Received	at Fund	raising E	vent?	
		YES NO					

<sup>\*</sup> 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)]