In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full							
Morehart for Judge		·					
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Num	ber. if PA	AC .	
Lynda Ayish							
Street Address	Description of It		M	D	Y	Fair Market Value	
55 W. Livingston Ave., Apt. 210	Food/	Drink Expenses	1 1	0 1	1 7	7	75.00
City	State	Zip Code	Receive	d at Fund	raising E		
Columbus	\cap H	43215	1 7		-	NO	
Full Name of Contributor		pation, Labor Organization *	Registra	tion Num	ber, if PA	C.	
		,					
Street Address	Description of It	М	D	Y	Fair Market Value		
	Description of hem of service						
City	State	Zip Code	Receive	d at Eund	raising E	ant')	
City	State	Zip code	T T	YES	raising L	NO NO	
E HALL ACCULATION	F 1 (2)				1 1000		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Kegistra	ition Num	ber, if PA	IC.	
						γ	
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PA	vC .	
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value	
				_	'		
City	State	Zip Code	Pagaira	d at Eund	raising E	(ant?)	
City	State	Zip Code	Receive	YES	raising to	NO	
E. II News of County to	F 1 0	2 11 0 2 2 +	<u> </u>	,	1 1015		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	iber, if PA	IC.	
ACTION AND ADMINISTRATION AND AD					,		
Street Address	Description of It	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		∐NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *			tion Nur	ber, if PA	۱C	
Street Address	Description of I	em or Service	М	D	Ϋ́	Fair Market Value	
	· ·						
City	State	Zip Code	Receive	d at Fund	raising E	ant?	
City	State	izip code	IKCCCINC	YES	raising L	NO	
F. II Manager of Control of the Cont	F 1 0		P		1 200		
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	ition Num	iber, if PA	VC.	
Street Address	Description of I	em or Service	M	D	Y	Fair Market Value	
City	State	Zip Code	Receive	d at Fund	raising E	vent?	
				YES		NO	
Full Name of Contributor	Employer, Occu	pation, Labor Organization *	Registra	tion Num	ber, if PA	AC .	
Street Address	Description of It	em or Service	М	D	Y	Fair Market Value	
					1		
City	State	Zip Code	Receive	1 d at Fund	raising E	vent?	
- · ·	State			YES	.aismg L	NO	
		<u></u>		دعتر			

Page Total \$ 75.00

^{*} 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)]