

# In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Morehart for Iudge</b>			
Full Name of Contributor <b>Kristie Williams</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>1100 Oxfordshire Dr.</b>	Description of Item or Service <b>Event Expenses</b>	M   D   Y <b>0   8   0   4   1   5</b>	Fair Market Value <b>330.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43228</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Robert Washburn</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>225 Eastmoor Blvd.</b>	Description of Item or Service <b>Postage</b>	M   D   Y <b>0   8   2   1   1   5</b>	Fair Market Value <b>49.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43209</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Janet Grubb</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>225 Eastmoor Blvd.</b>	Description of Item or Service <b>Event Expense</b>	M   D   Y <b>0   9   1   1   5   1   5</b>	Fair Market Value <b>10.84</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43209</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Brian Shinn</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>137 Morse Rd.</b>	Description of Item or Service <b>Event Expense</b>	M   D   Y <b>0   9   1   1   7   1   5</b>	Fair Market Value <b>110.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43214</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Shawn Dingus</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>250 Civic Center Dr., Suite 600</b>	Description of Item or Service <b>Event Expense</b>	M   D   Y <b>0   9   1   1   7   1   5</b>	Fair Market Value <b>110.00</b>
City <b>Columbus</b>	State   Zip Code <b>O   H   43215</b>	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor <b>Cindi Morehart</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>98 Grandview Dr.</b>	Description of Item or Service <b>Postage</b>	M   D   Y <b>         </b>	Fair Market Value <b>98.00</b>
City <b>Dublin</b>	State   Zip Code <b>O   H   43017</b>	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor <b>Cindi Morehart</b>	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address <b>98 Grandview Dr.</b>	Description of Item or Service <b>Parade Candv</b>	M   D   Y <b>         </b>	Fair Market Value <b>45.00</b>
City <b>Dublin</b>	State   Zip Code <b>O   H   43017</b>	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 <b>         </b>	Fair Market Value
City	State   Zip Code <b>   </b>	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)]

Page Total \$ 752.84