

# FOR PAPER FILING ONLY

## In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee to Re-elect Judge Gull</b>			
Full Name of Contributor <b>McNair Petroff LLC</b>		Employer, Occupation, Labor Organization*	
Street Address <b>140 E. Town Street</b>		Description of Item or Service <b>Bulk Mail Permit Fee</b>	
City <b>Columbus</b>		State <b>OH</b> <input checked="" type="radio"/>	Zip Code <b>43215</b>
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor <b>Marty Merz</b>		Employer, Occupation, Labor Organization*	
Street Address <b>174 Homestead Drive</b>		Description of Item or Service <b>Permit Stamps</b>	
City <b>Pickerington</b>		State <b>OH</b> <input checked="" type="radio"/>	Zip Code <b>43147</b>
		Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO	
Full Name of Contributor <b>Richard Morris</b>		Employer, Occupation, Labor Organization*	
Street Address <b>457 Waterbury Court</b>		Description of Item or Service <b>Lindeys Kick-off</b>	
City <b>Gahanna</b>		State <b>OH</b> <input checked="" type="radio"/>	Zip Code <b>43230</b>
		Received at Fundraising Event? <input checked="" type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event?	
Full Name of Contributor		Employer, Occupation, Labor Organization*	
Street Address		Description of Item or Service	
City		State	Zip Code
		Received at Fundraising Event?	

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and 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 also appear. [R.C. 3517.10(B)(4)]