

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee to elect Vernon Morrison							
Full Name of Contributor Karen D. Logan					Registration Number, if PAC		
Street Address 4161 Kenny Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43220	M 1	D 0	Y 0	Amount 100.00	
Full Name of Contributor Kenneth Thompson					Registration Number, if PAC		
Street Address 1284 Friar Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington	State O H	Zip Code 43221	M 1	D 0	Y 0	Amount 35.00	
Full Name of Contributor Plumbers & Pipefitters L.U. 189					Registration Number, if PAC		
Street Address 1250 Kinnear Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43212	M 1	D 0	Y 0	Amount 200.00	
Full Name of Contributor Cheryl S. Godard					Registration Number, if PAC		
Street Address 2030 Cambridge Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington	State O H	Zip Code 43221	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Joseph W. Ray					Registration Number, if PAC		
Street Address 4700 Bayford Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43220	M 1	D 0	Y 0	Amount 50.00	
Full Name of Contributor Nancy Sohner					Registration Number, if PAC		
Street Address 131 Village Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 1	D 0	Y 0	Amount 200.00	
Full Name of Contributor Blaine T. Sickles					Registration Number, if PAC		
Street Address 7997 Clark Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State O H	Zip Code 43017	M 1	D 0	Y 0	Amount 25.00	
Full Name of Contributor Christina Bell					Registration Number, if PAC		
Street Address 3222 N. Three B&R Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City Sunbury	State O H	Zip Code 43074	M 1	D 0	Y 0	Amount 50.00	

* 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)]

Page Total \$ 710.00