

Statement of Contributions Received

Prescribed by Secretary of State 3/05

DI		way was so were a side						
Name of Committee in Full Committee to elect Vernon Marrison								
Committee to elect Vernon Morrison Full Name of Contributor					Registration Number, if PAC			
Karen D. Logan				ixegisti a	tion rum	.001, 11 1 7 1		
Street Address	Employe	r/Occupa	tion/Labor Organization*	<u> </u>	Makenmannannannannannannannannannannannannan		Form (Cash, Check, etc.)	
	Linploye	г, оссири	aron Euror Organization				check	
4161 Kenny Road	Sta	ate	Zip Code	М	D	Y	Amount	
Columbus	0	Н	43220	1 0	1 .	0 9	100.	.00
Full Name of Contributor Registration Number, if PAC								
Kenneth Thompson								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
1284 Friar Lane							check	
City	Sta	ate	Zip Code	М	D	Y	Amount	
Upper Arlington	0	Н	43221	1 0	0 9	0 9	35.	.00
Full Name of Contributor				Registra	ition Num	ber, if PA	C	
Plumbers & Pipefitters L.U. 189								
Street Address	Employe	т/Оссира	ntion/Labor Organization*	COCCAMINATE SAMPLE SAMP			Form (Cash, Check, etc.)	,
1250 Kinnear Rd.							check	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Columbus	0	H	43212	nate of the lands of the state	1 0	SCHOOL ON THE PROPERTY OF STREET	200.	.00
Full Name of Contributor				Registra	tion Nun	ber, if PA	AC .	
Cheryl S. Godard								***************************************
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	t	
2030 Cambridge Blvd.					T		check	
City	1 _	ate	Zip Code	M	D	Y	Amount	. 00
Upper Arlington	O	H	43221		1 0		<u> </u>	.00
Full Name of Contributor Registration Number, if PAC								
Joseph W. Ray	Tr i	(0)	.:				Form (Cash, Check, etc.))
Street Address	Employer/Occupation/Labor Organization*						check	,
4700 Bayford Ct.	C4	ate	Zip Code	М	D	Y	Amount	
Coloredore	0	H H	43220	1	1 2	1	1	00.0
Columbus Full Name of Contributor		1 1	[±0220	SALES NAME OF THE OWNER, WHEN PARTY OF THE OWN	water and the second second second	The second secon	S	.00
Full Name of Contributor Registration Number, if PAC Nancy Sohner								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.))
131 Village Dr.							check	
City	St	ate	Zip Code	М	D	Y	Amount	-
Columbus	0	Н	43214	1110	1 2	0 9	200	.00
Full Name of Contributor				Market Street,	nortement recorded to the little	nber, if P	***************************************	descriptions of the same
Blaine T. Sickles								
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.))	
7997 Clark Ave.							check	
City	St	ate	Zip Code	М	D	Y	Amount	
Dublin	0	<u> </u>	43017	1 0			A	5.00
Full Name of Contributor Registration Number, if PAC								
Christina Bell								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.))
3222 N. Three B&R Rd.						7	cash	
City	_	tate	Zip Code	M	D	Y	Amount	٠.٠٠
Sunbury	ΙO	Н	43074	1 0			4	0.00

Page Total \$ 710.00

^{*} 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)]