Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Vernon Morrison for the committee for Vernon Morrison for the committee for Vernon Morrison for the committee in Full the committee in	or Upper Arlington (City Council		
Full Name of Contributor Contributions from form 31-E, Augu	ust 27		Registration Number, if P.	AC
Street Address		pation/Labor Organization*		Form (Cash, Check, etc.) checks
^{City} Upper Arlington	State OH	Zip Code	M D Y 8 2 7 0 9	Amount \$1,225.00
Full Name of Contributor James D. Edwards			Registration Number, if P.	AC
Street Address 3131 Glenrich Pkwy	Employer/Occu,	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43221	0 8 2 2 0 9	Amount \$100.00
Il Name of Contributor Michael F. Schmenk			Registration Number, if PAC	
Street Address 872 Wedgewood Drive	Employer/Occu	pation/Labor Organization*	Secretary and the secretary an	Form (Cash, Check, etc.) check
City Marysville	State OH	Zip Code 43040	0 8 2 2 0 9	Amount \$100.00
Full Name of Contributor Thomas P. Cotter	and the second s		Registration Number, if P	AC
Street Address 1821 N. Devon Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43212	0 8 2 4 0 9	Amount \$100.00
Full Name of Contributor James F. Hamilton M.D.I.C.			Registration Number, if P	AC
Street Address 1710 Essex Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43221	0 ^M 9 0 2 0 9	Amount \$50.00
Full Name of Contributor Registration Number, if I				AC
Street Address 1980 Upper Chelsea Road	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Upper Arlington	State OH	Zip Code 43221	0 9 0 3 0 9	Amount \$200.00
Full Name of Contributor Lee C. Butke				AC
Street Address 8181 Ballock Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Dublin	State OH	Zip Code 43017	0 9 0 4 0 9	Amount \$250.00
Full Name of Contributor Edwin L. Overmyer			Registration Number, if F	AC
Street Address 2245 North Bank Dr.	Employer/Occu	ipation/Labor Organization*	A some heart to year on a some some some some some some some some	Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43220	0 9 0 5 0 9	Amount \$250.00

Page Total \$2,275.00

^{*} 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 also appear. [R.C. 3517.10(B)(4)]