

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 Roger J. File					Registration Number, if PAC		
Street Address 2260 Pinebrook Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43220	M 0	D 9	Y 1	Amount 50.00
Full Name of Contributor Joseph M. Berwanger					Registration Number, if PAC		
Street Address 1600 Sundridge Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43221	M 0	D 9	Y 1	Amount 50.00
Full Name of Contributor Bruce D. Yuhas					Registration Number, if PAC		
Street Address 1843 N. Devon Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43212	M 0	D 9	Y 1	Amount 50.00
Full Name of Contributor Mark R. Grindley					Registration Number, if PAC		
Street Address 2015 Tremont Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43221	M 0	D 9	Y 2	Amount 100.00
Full Name of Contributor John J. Chester					Registration Number, if PAC		
Street Address 65 E. State St., Ste 1000			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43215	M 0	D 9	Y 2	Amount 50.00
Full Name of Contributor Edward L. Ostrowski, Jr.					Registration Number, if PAC		
Street Address 5702 Southby Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin		State OH	Zip Code 43017	M 0	D 9	Y 2	Amount 250.00
Full Name of Contributor Michael S. Messick					Registration Number, if PAC		
Street Address 2140 Pinebrook Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43220	M 1	D 0	Y 0	Amount 50.00
Full Name of Contributor Carl Meyer					Registration Number, if PAC		
Street Address 2211 Eagle Ridge			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) money order	
City Champaign		State IL	Zip Code 61822	M 1	D 0	Y 0	Amount 60.00

* 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)]