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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full						
Committee for Vernon Morrison	Residence of the second					
Full Name of Contributor John S. DeLibera	- Decomposite State and St		Registration Number, if P.	AC		
Street Address	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.)		
3363 Tremont Road, #101				check		
City Columbus	State OH	Zip Code 43221	1 0 2 2 0 9	Amount \$150.00		
Full Name of Contributor OCUL Legislative Action Committee			Registration Number, if P	AC		
Street Address 10 W. Broad Street, Suite 1100	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City Columbus	State OH	Zip Code 43215	1 0 2 3 0 9	Amount \$100.00		
Full Name of Contributor Stephen A. Tucker	Registration Number, if I	Registration Number, if PAC				
		upation/Labor Organization*	. Commence of the commence of	Form (Cash, Check, etc.) check		
City Upper Arlington	State OH	Zip Code 43221	1 0 2 3 0 9	Amount \$60.00		
Full Name of Contributor Central Ohio Realtors Political Action Committee Registration Number, if PAC						
Street Address 2700 Airport Drive		upation/Labor Organization*		Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43219	1 0 2 3 0 9	Amount \$250.00		
Full Name of Contributor Michael Kreider	and the second s		Registration Number, if I			
Street Address 4421 Huntwicke Drive	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.) pay pal		
City Hilliard	State OH	Zip Code 43026	1 0 2 3 0 9	Amount \$25.00		
Full Name of Contributor Jeffrey L. Hansel			Registration Number, if	PAC		
Street Address 2872 Pickwick Drive	Employer/Occa	upation/Labor Organization*		Form (Cash, Check, etc.)		
City Columbus	State OH	Zip Code 43221	1 0 2 5 0 9	Amount \$25.00		
Full Name of Contributor David Plahuta	and the second s		Registration Number, if	PAC		
Street Address 3163 Carisbrook Road	ress Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City Upper Arlington	State OH	Zip Code 43221	1 0 2 8 0 9	_L		
Full Name of Contributor Catharine Conner		A CONTRACTOR OF THE PROPERTY O	Registration Number, if			
Street Address 1205 Brittany Lane	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc. check		
City Columbus	State OH	Zip Code 43220	M D Y S 0 S	Amount 9 \$20.00		

Page Total \$655.00

^{*} 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)]