

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				Medical manager states			
Name of Committee in Full Committee to elect Vernon Morrison							
Full Name of Contributor	. 1			Registration Number, if PAC			
David F. Gardner			ivegisti.	acion inuil	1001, 11 17		
Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>	***************************************	diserced and many making in	Form (Cash, Check, etc.)	
2823 Lymington Road	Linployer/Occup	actors Davor Organization				check	
City	State	Zip Code	M	D	Y	Amount	
Upper Arlington	OH	43220	1 0	1		50.00	
Full Name of Contributor			and the second second	ation Nun		2	
Contributions from form 31-E, 9/10/09							
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Upper Arlington	OH		0 9	1 0	0 9	415.00	
Full Name of Contributor	Registration Number, if PA					ĀC	
Street Address	Employer/Occup	ation/Labor Organization*			ing a second	Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registr	ation Nun	ber, if PA	AC	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occup				Form (Cash, Check, etc.)		
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City	State	Zip Code	М	D	Y	Amount	
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Full Name of Contributor Registration Number, if P.						AC .	
Street Address	Employer/Occupation/Labor Organization*			Fогт (Cash, Check, e			
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City	State	Zip Code	M	D	Y	Amount	
			Desist	otion M	abor if D	A.C.	
Full Name of Contributor			Kegisti	ation Nur	iver, if P	40	
Court Address	Employer/Oc	ation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occupation/Labor Organization*					i omi (Casii, Clicck, cic.)	
Cit.	Stata	Zip Code	M	D	Y	Amount	
City	State	Zip Code	IVI	ע	I I	ZABOUIII	
Il Name of Contributor Registration Number, if PA					AC		
Full Name of Contributor Registration Number, if PA							
Ctuest Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Lagor Organization*				offit (Casil, Clicca, etc.)		
City	State	Zip Code	М	D	Y	Amount	
City	State	Zip Code	IVI			, mount	
		J				J.	

Page Total \$ 465.00

^{*} 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)]