Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	10/27/06
Page 4	

Name of Committee in Full			
Dr. Brad Lewis for Coroner Committee			Registration Number, if PAC
Full Name of Contributor Ramona L. Whisler			Registration Number, it FAC
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
2470 Berwick Blvd.			1 0 2 7 0 6 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43209	check
Full Name of Contributor			Registration Number, if PAC
Jean Ann Hilbert			
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount 1 0 2 7 0 6 \$100.00
814 East Main St.			
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Groveport	OH	43125	check
Full Name of Contributor		•	Registration Number, if PAC
Alec E. Land			M D Y Amount
Street Address	Employer/Occupation	on/Labor Organization*	M D Y Amount 1 0 2 7 0 6 \$100.00
7100 Rossman Ct.			Form (Cash, Check, etc.)
City	Sta te	Zíp Code	check
Canal Winchester	OH	43110	Registration Number, if PAC
Full Name of Contributor			Registration Number, it FAC
Tara Schultz			M D Y Amount
Street Address	Employer/Occupation	on/Labor Organization*	1 0 2 7 0 6 \$25.00
6885 Temperance Point Place		lat out	Form (Cash, Check, etc.)
City	Sta te	Zip Code	check
Westerville	OH	43082	Registration Number, if PAC
Full Name of Contributor Vorys Sater Seymour & Pease LLP Advocate	tes for Effective Governm	ent	OH108
Street Address 52 East Gay St.	Employer/Occupati	on/Labor Organization*	1 0 2 7 0 6 S500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Thomas N. Taneff			Registration Number, if PAC
Street Address	Employer/Occupati	ion/Labor Organization*	M D Y Amount 1 0 2 7 0 6 \$500.00
600 South High St., Ste. 201	Self/Attorney		
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) check
Full Name of Contributor Patrick Pickett			Registration Number, if PAC
Street Address		ion/Labor Organization*	M D Y Amount
250 East Broad St.	Isaac, Bi	rant, Ledman & T🏚	
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
* Programmed for contributions from individuals over \$100	to statewide and General Asse	embly candidates. If contributor	r is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event			
\$3,325.00			

Total expenditures this event.

\$0.00

\$1,425.00

Page Total \$

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)]