

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Dr. Brad Lewis for Coroner Committee</b>						Registration Number, if PAC	
Full Name of Contributor <b>Committee for Larry Flowers</b>						Registration Number, if PAC	
Street Address <b>14 East Gay St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	1 3 0 6	\$200.00
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>check</b>			
Full Name of Contributor <b>Paul Detly</b>						Registration Number, if PAC	
Street Address <b>2405 North Columbus St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2 7 0 6	\$100.00
City <b>Lancaster</b>		State <b>OH</b>	Zip Code <b>43130</b>	Form (Cash, Check, etc.) <b>Cash</b>			
Full Name of Contributor <b>Howard W. Lowery</b>						Registration Number, if PAC	
Street Address <b>4520 Langport Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2 7 0 6	\$50.00
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc.) <b>check</b>			
Full Name of Contributor <b>James L. Moses</b>						Registration Number, if PAC	
Street Address <b>144 East Columbus St.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2 7 0 6	\$25.00
City <b>Canal Winchester</b>		State <b>OH</b>	Zip Code <b>43110</b>	Form (Cash, Check, etc.) <b>check</b>			
Full Name of Contributor <b>Manuel Tzagournis</b>						Registration Number, if PAC	
Street Address <b>4335 Sawmill Rd.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2 7 0 6	\$75.00
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc.) <b>check</b>			
Full Name of Contributor <b>Cynthia A. Hackett</b>						Registration Number, if PAC	
Street Address <b>4839 Stonehaven Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2 7 0 6	\$50.00
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc.) <b>check</b>			
Full Name of Contributor <b>Sherry Baughman</b>						Registration Number, if PAC	
Street Address <b>1199 Pheasant Run Dr.</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2 7 0 6	\$50.00
City <b>Canal Winchester</b>		State <b>OH</b>	Zip Code <b>43110</b>	Form (Cash, Check, etc.) <b>check</b>			

\* 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)]

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**Page Total \$ **\$550.00**