

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to Elect Elaine Lewis									
Full Name of Contributor Franklin County Republican Party							Registration Number, if PAC		
Street Address 14 East Gay St., 2nd Floor				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) electronic transfer	
City Columbus		State OH		Zip Code 43215		M 1		D 0	
						Y 2		Amount \$40,000.00	
Full Name of Contributor Frank D. Tice							Registration Number, if PAC		
Street Address 2570 Abington Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Upper Arlington		State OH		Zip Code 43221		M 1		D 0	
						Y 2		Amount \$100.00	
Full Name of Contributor Beverly Stidd							Registration Number, if PAC		
Street Address 50 Cherry Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Groveport		State OH		Zip Code 43125		M 1		D 2	
						Y 0		Amount \$100.00	
Full Name of Contributor Committee to Elect Brad Lewis							Registration Number, if PAC		
Street Address 14 East Gay St., 2nd Floor				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M 1		D 2	
						Y 0		Amount \$1,100.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State OH		Zip Code		M		D	
						Y		Amount	

* 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)]