

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|  |  |                   |   |                          |   |  |                   |
|--|--|-------------------|---|--------------------------|---|--|-------------------|
| Name of Committee in Full<br><b>Cotner For Council</b> |  |                   |   |                          |   |  |                   |
| Full Name of Contributor<br><b>Bradley Lewis</b>       |  |                   |   |                          | Registration Number, if PAC             |  |                   |
| Street Address<br><b>6773 Lithopolis Road</b>          |  |                   | Employer/Occupation/Labor Organization*<br><b>Physician</b> |                          |   | Form (Cash, Check, etc.)<br><b>check</b> |                   |
| City<br><b>Groveport</b>                               |  | State<br><b>O</b> | H<br><b>H</b>   | Zip Code<br><b>43125</b> | M<br><b>5</b>                           | D<br><b>0</b>                            | Y<br><b>7 0 9</b> |
|  |  |                   |   |                          | Amount<br><b>200.00</b>                 |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | Zip Code                 | M                                       | D  | Y                 |
|  |  |                   |   |                          | Amount                                  |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | Zip Code                 | M                                       | D  | Y                 |
|  |  |                   |   |                          | Amount                                  |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | Zip Code                 | M                                       | D  | Y                 |
|  |  |                   |   |                          | Amount                                  |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | Zip Code                 | M                                       | D  | Y                 |
|  |  |                   |   |                          | Amount                                  |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | Zip Code                 | M                                       | D  | Y                 |
|  |  |                   |   |                          | Amount                                  |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | Zip Code                 | M                                       | D  | Y                 |
|  |  |                   |   |                          | Amount                                  |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | Zip Code                 | M                                       | D  | Y                 |
|  |  |                   |   |                          | Amount                                  |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | Zip Code                 | M                                       | D  | Y                 |
|  |  |                   |   |                          | Amount                                  |  |                   |
| Full Name of Contributor                               |  |                   |   |                          |   |  |                   |
| Street Address   |  |                   |   |                          | Employer/Occupation/Labor Organization* |  |                   |
| City   |  | State             |   | 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 appear. [R.C. 3517.10(B)(4)]

Page Total \$ **200.00**