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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Lange of Committee in Evil						
Name of Committee in Full  Cotner For Council						
					ber, if PAG	С
Full Name of Contributor				**		
Bradley Lewis	Emilar-/0.	pation/Labor Organization*	*		f	Form (Cash, Check, etc.)
Street Address						check
6773 Lithopolis Road	Physicia State		М	D	Y	Amount
City	State H	Zip Code	1 . 1		1 . 1	200.00
Groveport	O   H	43125	5 Basistant	0 7	Name and Address of the Owner, where the Owner, which the	
Full Name of Contributor			Kegistraı	uon Num	ber, if PA	
Street Address	Employer/Occu,	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	tion Num	nber, if PA	\C
		notice B =1 - C	<u> </u>			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/Labor Organization*					
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registra	ition Nun	nber, if PA	4C
Street Address	Employer/Occi	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor	Lancing Control of the Control of th		Registra	ation Nur	mber, if PA	AC
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
City						
Full Name of Contributor	Registr	Registration Number, if PAC				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
				<u> </u>		
Full Name of Contributor	1		Registr	ration Nu	mber, if P	PAC PAC
Street Address	Employer/Occ	on*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor			Registi	ration Nu	ımber, if P	PAC
Street Address	Employer/Occ	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	M	D	Y	Amount

Page Total \$ 200.00

<sup>\*</sup> 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)]