

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Friends of Lewis For Council</b>							
Full Name of Contributor <b>David Madison</b>						Registration Number, if PAC	
Street Address <b>485 S. Parkview Ave</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bexley</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>09</b>	D <b>01</b>
						Y <b>13</b>	Amount <b>200-</b>
Full Name of Contributor <b>Michael Hoy</b>						Registration Number, if PAC	
Street Address <b>2629 Bexley Park Rd.</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bexley</b>		State <b>OH</b>		Zip Code		M <b>09</b>	D <b>13</b>
						Y <b>13</b>	Amount <b>100-</b>
Full Name of Contributor <b>Robert Schwartz</b>						Registration Number, if PAC	
Street Address <b>268 N. Parkview Ave</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bexley</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>09</b>	D <b>25</b>
						Y <b>13</b>	Amount <b>100-</b>
Full Name of Contributor <b>Kathy Polster</b>						Registration Number, if PAC	
Street Address <b>368 S. Parkview Ave.</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bexley</b>		State <b>OH</b>		Zip Code <b>43209</b>		M <b>09</b>	D <b>25</b>
						Y <b>13</b>	Amount <b>75-</b>
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		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		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		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		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)]