

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Dr. Brad Lewis for Coroner Committee					
Full Name of Contributor David A. Nadolny				Registration Number, if PAC	
Street Address 175 Kenbrook Dr.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Diana Ward-Bright				Registration Number, if PAC	
Street Address 11355 Marcy Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$50.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) check	
Full Name of Contributor John W. Forney				Registration Number, if PAC	
Street Address 4685 McFadden Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) check	
Full Name of Contributor David H. Brobst				Registration Number, if PAC	
Street Address 5151 Berger Rd.		Employer/Occupation/Labor Organization* Franklin County		M D Y 1 0 2 7 0 6	Amount \$150.00
City Groveport		State OH	Zip Code 43125	Form (Cash, Check, etc.) check	
Full Name of Contributor Megan J. Browning				Registration Number, if PAC	
Street Address 695 hartford St.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc.) check	
Full Name of Contributor Charles J. Hickey				Registration Number, if PAC	
Street Address 1590 Barrington Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$50.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Jana M. Tice				Registration Number, if PAC	
Street Address 2570 Abington Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Upper Arlington		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	

* 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.

\$0.00Page Total \$ **\$550.00**