

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 Elaine L. Hartman				Registration Number, if PAC	
Street Address 5714 Waterloo Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Canal Winchester		State OH	Zip Code 43110	Form (Cash, Check, etc.) check	
Full Name of Contributor James D. Lowery				Registration Number, if PAC	
Street Address 1981 Cambridge Blvd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Diana M. Zitter				Registration Number, if PAC	
Street Address 4333 Hayes Rd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Groveport		State OH	Zip Code 43125	Form (Cash, Check, etc.) check	
Full Name of Contributor Betty Sue Nestor				Registration Number, if PAC	
Street Address 8999 Robinhood Cir.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Full Name of Contributor William M. Chinn				Registration Number, if PAC	
Street Address 186 Briarbend Blvd.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) check	
Full Name of Contributor Samuel R. Gedert				Registration Number, if PAC	
Street Address 274 South 3rd St.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Dwayne R. Spence				Registration Number, if PAC	
Street Address 4700 Vista Dr.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 7 0 6	Amount \$100.00
City Canal Winchester		State OH	Zip Code 43110	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 \$ **\$700.00**