

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
07 JAN 31 AM 9:15  
CLERK OF ELECTIONS

Full Name of Committee <b>Dr. Brad Lewis for Coroner Committee</b>						Registration Number, if PAC	
Full Name of Candidate <b>Brad Lewis</b>							
Street Address <b>14 East Gay St., 2nd Floor</b>				Office Sought <b>County Coroner</b>		District <b>Franklin Co</b>	
City <b>Columbus</b>				State <b>OH</b>		Zip Code <b>43215</b>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input checked="" type="checkbox"/> Annual Year 2008		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election		1 <sup>M</sup>	1 <sup>D</sup> 0 <sup>Y</sup> 2 0 4

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$3,839.34
2. Total monetary contributions (From Form No. 31-A)	\$	\$3,325.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$7,164.34
5. Total monetary expenditures (From Form No. 31-B)	\$	\$3,090.00
6. Balance on hand (line 4 minus line 5)	\$	\$4,074.34
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$3,422.41
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	\$0.00
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Bradley K. Sinnott, Treasurer

*Bradley K. Sinnott*  
Signature

01/25/07

Print Name and Title (Treasurer and Deputy Treasurer only)

Date

Contribution pages 5

Expenditure pages 1

Other pages 1

Total pages 7

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Dr. Brad Lewis for Coroner Committee</b>							
To Whom Paid <b>Franklin County Republican Party</b>				M	D	Y	Amount <b>\$2,500.00</b>
Address <b>14 East Gay St.</b>				Purpose <b>Contribution</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>137</b>			
To Whom Paid <b>Suzanne E. Marshall</b>				M	D	Y	Amount <b>\$140.00</b>
Address <b>260 North Cassady Ave.</b>				Purpose <b>Accounting Services</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	Check Number <b>138</b>			
To Whom Paid <b>Committee for Dewey Stokes</b>				M	D	Y	Amount <b>\$150.00</b>
Address <b>542 West Town St.</b>				Purpose <b>Contribution</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	Check Number <b>140</b>			
To Whom Paid <b>Committee for Joe Testa</b>				M	D	Y	Amount <b>\$150.00</b>
Address <b>873 Ebner St.</b>				Purpose <b>Contribution</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>	Check Number <b>141</b>			
To Whom Paid <b>Citizens for Kevin Bacon</b>				M	D	Y	Amount <b>\$150.00</b>
Address <b>5325 Ponderosa Dr.</b>				Purpose <b>Contribution</b>			
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43231</b>	Check Number <b>142</b>			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			
To Whom Paid				M	D	Y	Amount
Address				Purpose			
City		State <b>OH</b>	Zip Code	Check Number			

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
Dr. Brad Lewis for Coroner Committee			
Full Name of Contributor Committee for Larry Flowers		Registration Number, if PAC	
Street Address 14 East Gay St.	Employer/Occupation/Labor Organization*	M   D   Y 1   1   3   0   6	Amount \$200.00
City Columbus	State OH   Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Paul Detly		Registration Number, if PAC	
Street Address 2405 North Columbus St.		Registration Number, if PAC	
Street Address 2405 North Columbus St.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   7   0   6	Amount \$100.00
City Lancaster	State OH   Zip Code 43130	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Howard W. Lowery		Registration Number, if PAC	
Street Address 4520 Langport Rd.		Registration Number, if PAC	
Street Address 4520 Langport Rd.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   7   0   6	Amount \$50.00
City Columbus	State OH   Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor James L. Moses		Registration Number, if PAC	
Street Address 144 East Columbus St.		Registration Number, if PAC	
Street Address 144 East Columbus St.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   7   0   6	Amount \$25.00
City Canal Winchester	State OH   Zip Code 43110	Form (Cash, Check, etc.) check	
Full Name of Contributor Manuel Tzagournis		Registration Number, if PAC	
Street Address 4335 Sawmill Rd.		Registration Number, if PAC	
Street Address 4335 Sawmill Rd.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   7   0   6	Amount \$75.00
City Columbus	State OH   Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Cynthia A. Hackett		Registration Number, if PAC	
Street Address 4839 Stonehaven Dr.		Registration Number, if PAC	
Street Address 4839 Stonehaven Dr.	Employer/Occupation/Labor Organization*	M   D   Y 1   0   2   7   0   6	Amount \$50.00
City Columbus	State OH   Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Sherry Baughman		Registration Number, if PAC	
Street Address 1199 Pheasant Run Dr.		Registration Number, if PAC	
Street Address 1199 Pheasant Run Dr.	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	

\* 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
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Total expenditures this event  

\$0.00
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Page Total \$ \$550.00

## 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				Registration Number, if PAC			
David A. Nadolny							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
175 Kenbrook Dr.				1	0	2706	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Worthington		OH	43085	check			
Full Name of Contributor							
Diana Ward-Bright							
Street Address				Registration Number, if PAC			
11355 Marcy Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
11355 Marcy Rd.				1	0	2706	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Canal Winchester		OH	43110	check			
Full Name of Contributor							
John W. Forney							
Street Address				Registration Number, if PAC			
4685 McFadden Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4685 McFadden Rd.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43229	check			
Full Name of Contributor							
David H. Brobst							
Street Address				Registration Number, if PAC			
5151 Berger Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5151 Berger Rd.		Franklin County		1	0	2706	\$150.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Groveport		OH	43125	check			
Full Name of Contributor							
Megan J. Browning							
Street Address				Registration Number, if PAC			
695 hartford St.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
695 hartford St.				1	0	2706	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Worthington		OH	43085	check			
Full Name of Contributor							
Charles J. Hickey							
Street Address				Registration Number, if PAC			
1590 Barrington Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1590 Barrington Rd.				1	0	2706	\$50.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43221	check			
Full Name of Contributor							
Jana M. Tice							
Street Address				Registration Number, if PAC			
2570 Abington Rd.							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2570 Abington Rd.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Upper Arlington		OH	43221	check			

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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
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Total expenditures this event

\$0.00
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Page Total \$ 550.00
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## 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				Registration Number, if PAC			
Elaine L. Hartman							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
5714 Waterloo Rd.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Canal Winchester		OH	43110	check			
Full Name of Contributor				Registration Number, if PAC			
James D. Lowery							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
1981 Cambridge Blvd.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43221	check			
Full Name of Contributor				Registration Number, if PAC			
Diana M. Zitter							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4333 Hayes Rd.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Groveport		OH	43125	check			
Full Name of Contributor				Registration Number, if PAC			
Betty Sue Nestor							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
8999 Robinhood Cir.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Westerville		OH	43082	check			
Full Name of Contributor				Registration Number, if PAC			
William M. Chinn							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
186 Briarbend Blvd.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Powell		OH	43065	check			
Full Name of Contributor				Registration Number, if PAC			
Samuel R. Gedert							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
274 South 3rd St.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Columbus		OH	43215	check			
Full Name of Contributor				Registration Number, if PAC			
Dwayne R. Spence							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
4700 Vista Dr.				1	0	2706	\$100.00
City		State	Zip Code	Form (Cash, Check, etc.)			
Canal Winchester		OH	43110	check			

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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.

**\$0.00**

Page Total \$ **\$700.00**

## 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 Ramona L. Whisler				Registration Number, if PAC	
Street Address 2470 Berwick Blvd.		Employer/Occupation/Labor Organization*		M   D   Y 1   0   2   7   0   6	Amount \$100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Jean Ann Hilbert					
Full Name of Contributor Jean Ann Hilbert				Registration Number, if PAC	
Street Address 814 East Main St.		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	
Alec E. Land					
Full Name of Contributor Alec E. Land				Registration Number, if PAC	
Street Address 7100 Rossman Ct.		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	
Tara Schultz					
Full Name of Contributor Tara Schultz				Registration Number, if PAC	
Street Address 6885 Temperance Point Place		Employer/Occupation/Labor Organization*		M   D   Y 1   0   2   7   0   6	Amount \$25.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc.) check	
Vorys Sater Seymour & Pease LLP Advocates for Effective Government					
Full Name of Contributor Vorys Sater Seymour & Pease LLP Advocates for Effective Government				Registration Number, if PAC OH108	
Street Address 52 East Gay St.		Employer/Occupation/Labor Organization*		M   D   Y 1   0   2   7   0   6	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Thomas N. Taneff					
Full Name of Contributor Thomas N. Taneff				Registration Number, if PAC	
Street Address 600 South High St., Ste. 201		Employer/Occupation/Labor Organization* Self/Attorney		M   D   Y 1   0   2   7   0   6	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Patrick Pickett					
Full Name of Contributor Patrick Pickett				Registration Number, if PAC	
Street Address 250 East Broad St.		Employer/Occupation/Labor Organization* Isaac, Brant, Ledman & T <sub>+</sub>		M   D   Y 1   0   2   7   0   6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	

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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.

**\$0.00**

Page Total \$ **\$1,425.00**

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Dr. Brad Lewis for Coroner Committee</b>					
Full Name of Contributor <b>Citizens for Jim Petro</b>				Registration Number, if PAC	
Street Address <b>1933 Lakeshore Dr.</b>		Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   2   7   0   6</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>	Form (Cash, Check, etc.) <b>check</b>	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	Form (Cash, Check, etc.)	

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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
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Total expenditures this event.

\$0.00
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Page Total \$ 100.00
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## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Dr. Brad Lewis for Coroner Committee</b>									
To Whom Owed <b>Brad Lewis, M.D.</b>					Prior Amount <b>\$3,422.41</b>			Amt. Incurred this Period <b>\$0.00</b>	
Address <b>6773 Lithopolis Rd.</b>					Item or Purpose of Debt <b>Campaign Expenses</b>			Outstanding Balance <b>\$3,422.41</b>	
City <b>Groveport</b>			Sta te <b>OH</b>		Zip Code <b>43110</b>				
Date Debt was originally Incurred					Date			Payments This Period Amount	
Registration Number, if PAC					M			D	
								Y	
								\$	
								<b>\$0.00</b>	
					M			D	
								Y	
								\$	
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			Sta te		Zip Code				
			<b>OH</b>						
Date Debt was originally Incurred					M			D	
								Y	
Registration Number, if PAC					M			D	
								Y	
								\$	
					M			D	
								Y	
								\$	
To Whom Owed					Prior Amount			Amt. Incurred this Period	
Address					Item or Purpose of Debt			Outstanding Balance	
City			Sta te		Zip Code				
			<b>OH</b>						
Date Debt was originally Incurred					M			D	
								Y	
Registration Number, if PAC					M			D	
								Y	
								\$	
					M			D	
								Y	
								\$	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ \$0.00 (also record on Form 31-B)

Total Outstanding Balance \$ \$3,422.41 (also record on cover page)