

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

08 DEC 12 AM 11:12

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee Committee to Elect Elaine Lewis						Registration Number, if PAC								
Full Name of Candidate Elaine Lewis														
Street Address 14 East Gay St., 2nd Floor						Office Sought County Coroner				District Franklin Co.				
City Columbus						State OH		Zip Code 43215						
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 checked="" type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year				
	<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	^M	1	0	^D	4	0	^Y	8

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	\$	\$719.57
2. Total monetary contributions (From Form No. 31-A)	\$	\$41,300.00
3. Total other income (From Form No. 31-A-2)	\$	\$0.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$42,019.57
5. Total monetary expenditures (From Form No. 31-B)	\$	\$40,017.00
6. Balance on hand (line 4 minus line 5)	\$	\$2,002.57
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	\$245.00
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)	\$	\$0.00
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

Signature

Date

Print Name and Title (Treasurer and Deputy Treasurer only)

B. K. Sinnott

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Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5

Statement of Contributions Received

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Name of Committee in Full Committee to Elect Elaine Lewis							
Full Name of Contributor Franklin County Republican Party						Registration Number, if PAC	
Street Address 14 East Gay St., 2nd Floor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) electronic transfer	
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 2 9 0 8	Amount \$40,000.00
Full Name of Contributor Frank D. Tice						Registration Number, if PAC	
Street Address 2570 Abington Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Upper Arlington		State OH	Zip Code 43221	M 1	D 0	Y 2 9 0 8	Amount \$100.00
Full Name of Contributor Beverly Stidd						Registration Number, if PAC	
Street Address 50 Cherry Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Groveport		State OH	Zip Code 43125	M 1	D 2	Y 0 3 0 8	Amount \$100.00
Full Name of Contributor Committee to Elect Brad Lewis						Registration Number, if PAC	
Street Address 14 East Gay St., 2nd Floor			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43215	M 1	D 2	Y 0 3 0 8	Amount \$1,100.00
Full Name of Contributor						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State OH	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 OH	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 OH	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 OH	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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Elaine Lewis												
To Whom Paid Strategic Media Placement						M	D	Y	Amount			
						1	0	2	9	0	8	\$40,000.00
Address 7669 Stagers Loop Dr.				Purpose Media Buy								
City Delaware		State OH		Zip Code 43015		Check Number 1008						
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						1	1	1	7	0	8	\$17.00
Address PO Box 1558				Purpose Service Charge								
City Columbus		State OH		Zip Code 43216		Check Number						
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
OH												
To Whom Paid						M	D	Y	Amount			
Address						Purpose						
City		State		Zip Code		Check Number						
OH												

In-Kind Contributions Received

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Name of Committee in Full Committee to Elect Elaine Lewis				
Full Name of Contributor Franklin County Republican Party		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address 14 East Gay St., 2nd Floor		Description of Item or Service Accounting Services		M D Y Fair Market Value 1 2 0 5 0 8 \$245.00
City Columbus		State OH	Zip Code 43215	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		M D Y Fair Market Value
City		State OH	Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

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