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| rage | TO |

## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

| Name of Committee in Full         |   |   |            |                             |                          |                          |                          |  |  |
|-----------------------------------|---|---|------------|-----------------------------|--------------------------|--------------------------|--------------------------|--|--|
| Committee for Cindy Lazarus       |   |   |            |                             |                          |                          |                          |  |  |
| Full Name of Contributor          |   |   |            | Registration Number, if PAC |                          |                          |                          |  |  |
| Teri L. Hill                      |   | <u> </u>                                |            |                             |                          |                          |                          |  |  |
| Street Address                    | Employer/Occupa                         | Employer/Occupation/Labor Organization* |            |                             |                          | Form (Cash, Check, etc.) |                          |  |  |
| 1821 Lake Shore Drive             |   |   |            |                             |                          | Check                    |                          |  |  |
| City                              | State                                   | Zip Code                                | М          | D                           |                          | Amount                   |                          |  |  |
| Columbus                          | OH                                      | 43204                                   | 0 1        | 3 1                         | 0 8                      |                          | 250.00                   |  |  |
| Full Name of Contributor          |   |   | Registrat  | ion Numb                    | er, if PAC               |                          |                          |  |  |
| Ellen Pizzuti Lefkowitz           |   |   |            |                             |                          |                          |                          |  |  |
| Street Address                    | Employer/Occup                          | Employer/Occupation/Labor Organization* |            |                             |                          | Form (Cash, Check, etc.) |                          |  |  |
| 14 Stanbery Ave.                  |   |   |            |                             |                          |                          | Check                    |  |  |
| City                              | State                                   | Zip Code                                | М          | D                           | Y                        | Amount                   |                          |  |  |
| Bexley                            | OH                                      | 43209                                   | $0 \mid 1$ | 3 1                         | 0 8                      |                          | 2,000.00                 |  |  |
| Full Name of Contributor          |   |   |            | ion Numb                    |                          | 0                        |                          |  |  |
| Ann H. Casto                      |   |   |            |                             |                          |                          |                          |  |  |
| Street Address                    | Employer/Occup                          | Employer/Occupation/Labor Organization* |            | 1                           |                          |                          | Form (Cash, Check, etc.) |  |  |
| 191 W Nationwide Blvd.            | ,,                                      | J                                       |            |                             |                          | Check                    |                          |  |  |
| City                              | State                                   | Zip Code                                | М          | D                           | Y                        | Amount                   |                          |  |  |
| •                                 | O   H                                   | 43215                                   | 0 1        | 2 5                         | 0 8                      |                          | 2,000.00                 |  |  |
| Columbus Full Name of Contributor |   | 10210                                   |            | tion Numb                   |                          | Ö .                      | _,=,==                   |  |  |
|                                   |   |   |            |                             | -,                       |                          |                          |  |  |
| Patricia R. Hatler                | Employar/Ocorr                          | Employer/Occupation/Labor Organization* |            |                             | Form (Cash, Check, etc.) |                          |                          |  |  |
| Street Address                    | Employer/Occupation/Labor Organization* |   |            |                             |                          |                          | ,,                       |  |  |
| 17 N. Parkview Avenue             |   | 7: Codo                                 | М          | D                           | Y                        | Check<br>Amount          |                          |  |  |
| City                              | State                                   | Zip Code                                | . i .      |                             | 0 8                      | Juoun                    | 1,000.00                 |  |  |
| Bexley                            | O   H                                   | 43209                                   | 0 1        | 3 1                         |                          | C .                      | 1,000.00                 |  |  |
| Full Name of Contributor          |   |   | Kegistra   | RON MIRI                    | ж, п РА                  | C                        |                          |  |  |
| Zeiger, Tigges & Little, LLP      |   |   |            |                             |                          | V (CL (                  | Thools ato               |  |  |
| Street Address                    | Employer/Occup                          | Employer/Occupation/Labor Organization* |            |                             |                          | Form (Cash, C            |                          |  |  |
| 41 S High Street                  |   |   |            |                             |                          | Check                    |                          |  |  |
| City                              | State                                   | Zip Code                                | М          | D                           | Y                        | Amount                   | 4 000 00                 |  |  |
| Columbus                          | ОН                                      | 43215                                   | 0 1        | 3 1                         | 0 8                      | <u> </u>                 | 1,000.00                 |  |  |
| Full Name of Contributor          |   |   | Registra   | tion Num                    | ber, if PA               | С                        |                          |  |  |
| John P. McConnell                 |   |   |            |                             |                          |                          |                          |  |  |
| Street Address                    | Employer/Occup                          | Employer/Occupation/Labor Organization* |            |                             | Form (Cash, Check, et    |                          |                          |  |  |
| 200 Old Wilson Bridge Road        |   |   |            |                             |                          | Check                    |                          |  |  |
| City                              | State                                   | Zip Code                                | M          | D                           | Y                        | Amount                   |                          |  |  |
| Worthington                       | ОН                                      | 43085                                   |            | 3 1                         |                          |                          | 1,000.00                 |  |  |
| Full Name of Contributor          | Registration Number, if Pa              |   |            |                             |                          |                          |                          |  |  |
| Benesch, Friedlander, Coplan & A  | ronoff LLP                              |   | L          |                             |                          |                          |                          |  |  |
| Street Address                    | Employer/Occupation/Labor Organization* |   |            |                             | Form (Cash, Check, etc.) |                          |                          |  |  |
| 41 S High Street                  |   |   |            |                             | check                    |                          |                          |  |  |
| City                              | State                                   | Zip Code                                | М          | D                           | Y                        | Amount                   |                          |  |  |
| Columbus                          | OH                                      | £ .                                     | 0 1        | 3 1                         | 0 8                      |                          | 500.00                   |  |  |
| Full Name of Contributor          |   | 1 10 - 10                               |            | ation Num                   |                          |                          |                          |  |  |
|                                   |   |   |            |                             |                          |                          |                          |  |  |
| Cynthia Lazarus                   | Employer/Occupation/Labor Organization* |   |            | Form (Cash, Check, etc.)    |                          |                          |                          |  |  |
| Street Address                    | Emprojest Coouplaness Co. B. Anna Co.   |   |            | Check                       |                          |                          |                          |  |  |
| 88 W. Beechwold                   | State                                   | Zip Code                                | М          | D                           | Y                        | Amount                   | -                        |  |  |
| City                              | 1                                       | 2                                       | 0 1        | 1                           | 0 8                      | 1                        | 5,000.00                 |  |  |
| Columbus                          | OH                                      | #3214                                   | 0 1        |                             |                          |                          | 0,000.00                 |  |  |

Page Total \$ 12,750.00

<sup>\*</sup> 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 appear. [R.C. 3517.10(B)(4)]