

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Stephen Cartwright					Registration Number, if PAC		
Street Address 17 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Michelle R. Martin					Registration Number, if PAC		
Street Address 955 Blind Brook Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43235-1204	M 0	D 2	Y 2	Amount 25.00	
Full Name of Contributor Phil S. Bradford III					Registration Number, if PAC		
Street Address 4520 Benderton Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43220	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Steve Cecil					Registration Number, if PAC		
Street Address 2293 Chambell Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Lexington	State K Y	Zip Code 40513	M 0	D 2	Y 2	Amount 50.00	
Full Name of Contributor Robert F. Howarth, Jr.					Registration Number, if PAC		
Street Address 325 Parkview Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Richard Borrer					Registration Number, if PAC		
Street Address 3036 Leeds Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0	D 2	Y 2	Amount 100.00	
Full Name of Contributor Laralyn Sasaki					Registration Number, if PAC		
Street Address 1224 Indianola Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 0	D 2	Y 2	Amount 25.00	
Full Name of Contributor Jordan Finegold					Registration Number, if PAC		
Street Address 238 N. Cassady Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 2	Y 2	Amount 100.00	

* 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)]

Page Total \$ 600.00