

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Bill and Sue Eubanks					Registration Number, if PAC		
Street Address 1875 Andover Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Columbus	State O H	Zip Code 43212	M 0 3	D 0 3	Y 0 8	Amount 250.00	
Full Name of Contributor Maureen Conley					Registration Number, if PAC		
Street Address 2646 Henthorn Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Columbus	State O H	Zip Code 43221	M 0 3	D 0 3	Y 0 8	Amount 100.00	
Full Name of Contributor Carol Andreae					Registration Number, if PAC		
Street Address 2486 Bexley Park Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Bexley	State O H	Zip Code 43209	M 0 3	D 0 3	Y 0 8	Amount 200.00	
Full Name of Contributor Suzy Swanson					Registration Number, if PAC		
Street Address 1955 N. Devon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Columbus	State O H	Zip Code 43212	M 0 3	D 0 3	Y 0 8	Amount 50.00	
Full Name of Contributor Karen Veronica					Registration Number, if PAC		
Street Address 107 Highmeadow Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Gahanna	State O H	Zip Code 43230	M 0 3	D 0 3	Y 0 8	Amount 100.00	
Full Name of Contributor Mary Lynn Readey					Registration Number, if PAC		
Street Address 7677 Riverside Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Dublin	State O H	Zip Code 43016	M 0 3	D 0 3	Y 0 8	Amount 250.00	
Full Name of Contributor Debra Moore					Registration Number, if PAC		
Street Address 13 Lyonsgate Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 3	D 0 4	Y 0 8	Amount 100.00	
Full Name of Contributor Peter Coccia					Registration Number, if PAC		
Street Address 379 E. North Broadway		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Columbus	State O H	Zip Code 43214	M 0 3	D 1 0	Y 0 8	Amount 75.00	

* 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)]