Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							•
Committee for Cindy Lazarus							
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Robert L. Fine							
Street Address	Employer/Occ	cupatio	on/Labor Organization*				Form (Cash, Check, etc.)
1328-C Lake Shore Drive		•	· ·				Check
City	State	2	Zip Code	М	D	Y	Amount
Columbus	OFF	1	43204	0 2	0 4	0 8	100.00
Full Name of Contributor	 					ber, if PA	
Bethanne Tilson							
Street Address	Employer/Occ	cupation	on/Labor Organization*				Form (Cash, Check, etc.)
2831 Dale Avenue							check
City	State	Z	Zip Code	М	D	Y	Amount
Columbus	$0 \mid E$	1	43209	0 2	0 4	0 8	100.00
Full Name of Contributor	·					ber, if PA	С
Mary Wolfe Crall				ŀ			
Street Address	Employer/Occ	cupati	on/Labor Organization*				Form (Cash, Check, etc.)
317 S Dawson Ave.							check
City	State	2	Zip Code	M	D	Y	Amount
Columbus	OF	1	43209	0 2	0 4	0 8	250.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Stuart Lazarus							
Street Address	Employer/Occ	cupati	on/Labor Organization*				Form (Cash, Check, etc.)
88 W. Beechwold Blvd.							check
City	State	Z	Zip Code	M	D	Y	Amount
Columbus	OF	<u> </u>	43214	0 2	0 4	0 8	5,000.00
Full Name of Contributor				Registra	tion Num	ber, if PA	С
Robin Rose							
Street Address	Employer/Occ	cupati	on/Labor Organization*	_			Form (Cash, Check, etc.)
39 W 179 St.							on line
City	State	2	Zip Code	M	D	Y	Amount
St. Charles	III		60175	0 2		0 8	250.00
Full Name of Contributor			, ,	Registra	tion Num	ber, if PA	С
Sarah Irvin							
Street Address	Employer/Occ	cupati	on/Labor Organization*				Form (Cash, Check, etc.)
183 E. Whittier							on line
City	State		Zip Code	M	D	Y	Amount
Columbus	$O \mid F$	1	43205	0 2		0 8	
Full Name of Contributor				Registra	tion Num	ber, if PA	C
Peter Merkle				<u> </u>			
Street Address	Employer/Occ	cupati	on/Labor Organization*				Form (Cash, Check, etc.)
15 E. Gay Street							on line
City	State		Zip Code	М	D	Y	Amount
Columbus	1 O	1	43215	0 2		0 8	25.00
Full Name of Contributor				Registra	tion Num	ber, if PA	C
Fordham Huffman							
Street Address	Employer/Occ	cupati	ion/Labor Organization*				Form (Cash, Check, etc.)
PO Box 165017				***			on line
City	State		Zip Code	M	D	Y	Amount
Columbus	OF	1	43216	0 2		0 8	250.00

Page Total \$ 6,025.00

^{*} 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)]