31-A
R.C. 3517.10

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	
Brad A. Myers								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4528 Olentangy Blvd.							Check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43214	02	23	08		50.00	
Full Name of Contributor							Registration Number, if PAC	
Susan B. Greenberger								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
311 S. Columbia Ave.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	02	23	08		100.00	
Full Name of Contributor							Registration Number, if PAC	
Shael Brachman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
311 N. Drexel Ave.							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43209	02	23	08		300.00	
Full Name of Contributor							Registration Number, if PAC	
James E. Daley								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
4300 Dublin Road							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43221-5000	02	23	08		50.00	
Full Name of Contributor							Registration Number, if PAC	
Kathryn S. Malone								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
988 Circle on the Green							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43235	02	23	08		500.00	
Full Name of Contributor							Registration Number, if PAC	
Abigail E. Feidner								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
47 W.Weber Road							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43202-1922	02	23	08		250.00	
Full Name of Contributor							Registration Number, if PAC	
Todd M. Baker								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
95 E. Beaumont Road							check	
City	State	Zip Code	M	D	Y		Amount	
Columbus	OH	43214-2101	02	23	08		250.00	
Full Name of Contributor							Registration Number, if PAC	
Paul Giorgianni								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
230 Clover Court							Check	
City	State	Zip Code	M	D	Y		Amount	
Dublin	OH	43017	02	23	08		250.00	

* 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 $ 1,750.00