

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Benjamin L. Zox					Registration Number, if PAC		
Street Address 250 West Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 1	Amount 200.00	
Full Name of Contributor Laurence G. Ruben					Registration Number, if PAC		
Street Address 140 S. Columbia		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State O H	Zip Code 43209	M 0	D 2	Y 1	Amount 1,000.00	
Full Name of Contributor Katherine S. LeVeque					Registration Number, if PAC		
Street Address 50 W. Broad St., Ste 4000		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43215	M 0	D 2	Y 1	Amount 500.00	
Full Name of Contributor Christian K. Zacher					Registration Number, if PAC		
Street Address 2021 Indianola Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43201	M 0	D 2	Y 1	Amount 50.00	
Full Name of Contributor Citizens for Habash					Registration Number, if PAC		
Street Address 404 S. Chesterfield Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0	D 2	Y 1	Amount 2,500.00	
Full Name of Contributor Thomas J. Grote					Registration Number, if PAC		
Street Address 982 Jaeger Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43206	M 0	D 2	Y 1	Amount 500.00	
Full Name of Contributor Malcolm Baroway					Registration Number, if PAC		
Street Address 421 Brookside Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Columbus	State O H	Zip Code 43209	M 0	D 2	Y 1	Amount 100.00	
Full Name of Contributor Laura Wojciechowski					Registration Number, if PAC		
Street Address 1654 Dollivor Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Columbus	State O H	Zip Code 43235	M 0	D 2	Y 1	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 \$ 4,950.00