

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Michael S. Crane					Registration Number, if PAC		
Street Address 1441 Universal Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	
Full Name of Contributor Jameson Crane					Registration Number, if PAC		
Street Address 299 N. Parkview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	
Full Name of Contributor Sandra L. Rich					Registration Number, if PAC		
Street Address 3871 Patricia Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 1	D 2 5	Y 0 8	Amount 100.00	
Full Name of Contributor Mark R. Thresher					Registration Number, if PAC		
Street Address 180 Thornbury Ln.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0 1	D 2 5	Y 0 8	Amount 100.00	
Full Name of Contributor John T. Harmon					Registration Number, if PAC		
Street Address PO Box 1133		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43216	M 0 1	D 2 5	Y 0 8	Amount 100.00	
Full Name of Contributor Jeffrey T. Ferriell					Registration Number, if PAC		
Street Address 774 S. 6th Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43206	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	
Full Name of Contributor Kathlen M. Daugherty					Registration Number, if PAC		
Street Address 2835 Kensington Pl W		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43202	M 0 1	D 2 5	Y 0 8	Amount 25.00	
Full Name of Contributor Stanley D. Ross					Registration Number, if PAC		
Street Address 1660 W. Henderson Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43230	M 0 1	D 2 5	Y 0 8	Amount 2,000.00	

* 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 \$ **5,325.00**