

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Kevin Firstenberger					Registration Number, if PAC		
Street Address 144 Binns Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Columbus	State O H	Zip Code 43204	M 0 2	D 0 0	Y 0 8	Amount 50.00	
Full Name of Contributor Stuart Lazarus					Registration Number, if PAC		
Street Address 88 W Beechwold Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line		
City Columbus	State O H	Zip Code 43214	M 0 2	D 0 0	Y 0 8	Amount 25.00	
Full Name of Contributor John S. Kobacker					Registration Number, if PAC		
Street Address 5634 Clark State Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna	State O H	Zip Code 43230	M 0 2	D 0 9	Y 0 8	Amount 1,000.00	
Full Name of Contributor Robert C. Moeller					Registration Number, if PAC		
Street Address 749 Waterton Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville	State O H	Zip Code 43081	M 0 2	D 0 9	Y 0 8	Amount 50.00	
Full Name of Contributor David R. Hardesty					Registration Number, if PAC		
Street Address 4399 Olentangy Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43214	M 0 2	D 1 1	Y 0 8	Amount 15.00	
Full Name of Contributor Mary W Navarro					Registration Number, if PAC		
Street Address 1717 Riverstone Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43015	M 0 2	D 1 1	Y 0 8	Amount 250.00	
Full Name of Contributor J. Todd Williams					Registration Number, if PAC		
Street Address 4051 Longhill Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43220	M 0 2	D 1 1	Y 0 8	Amount 250.00	
Full Name of Contributor Kelfi Dibella					Registration Number, if PAC		
Street Address 7460 Daugherty Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O H	Zip Code 43068	M 0 2	D 1 1	Y 0 8	Amount 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 \$ 1,890.00