

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Dale K Perdue						Registration Number, if PAC	
Street Address 5192 Forest Run Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dublin	State O H	Zip Code 43017	M 1 1	D 1 9	Y 0 7	Amount 50.00	
Full Name of Contributor Philip A. Craig						Registration Number, if PAC	
Street Address 5490 Heathrow Drive		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell	State O H	Zip Code 43065	M 1 2	D 0 7	Y 0 7	Amount 1,000.00	
Full Name of Contributor James Elliott						Registration Number, if PAC	
Street Address 2546 Bexley Park Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43209	M 1 1	D 1 2	Y 0 7	Amount 300.00	
Full Name of Contributor Wendy Lazarus						Registration Number, if PAC	
Street Address 719 Georgina Ave.		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Santa Monica	State C A	Zip Code 90402	M 0 1	D 1 8	Y 0 8	Amount 250.00	
Full Name of Contributor Robert N. Shamansky						Registration Number, if PAC	
Street Address 41 S. High Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43215	M 0 1	D 1 8	Y 0 8	Amount 250.00	
Full Name of Contributor Brenda K Dean						Registration Number, if PAC	
Street Address PO Box 21231		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43221-0231	M 0 1	D 1 8	Y 0 8	Amount 100.00	
Full Name of Contributor Yvette McGee Brown						Registration Number, if PAC	
Street Address 643 Crossing Creek S		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Ghanna	State O H	Zip Code 43230	M 0 1	D 1 8	Y 0 8	Amount 1,000.00	
Full Name of Contributor Bernard K. Yenkin						Registration Number, if PAC	
Street Address 2720 Brentwood Road		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus	State O H	Zip Code 43209	M 0 1	D 1 8	Y 0 8	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 \$ **3,050.00**