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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				
Dale K Perdue									
Street Address	Employer/O	ccupat	ion/Labor Organization*	•	·····		Form (Cash, C	heck, etc.)	
5192 Forest Run Drive								check	
City	State		Zip Code	M	D	Y	Amount		
Dublin	0	Н	43017	1 1	1 9	0 7		50.00	
Full Name of Contributor	Registration Number, if PAC								
Philip A. Craig									
Street Address	Employer/O				Form (Cash, C	heck, etc.)			
5490 Heathrow Drive							Check		
City	State		Zip Code	Тм	T D	Y	Amount		
	I .	н	43065	1 2	I .			1,000.00	
Powell			43003				C	1,000.00	
Full Name of Contributor Registration Number, if PAC									
James Elliott	Employer/O	Employer/Occupation/Labor Occanization*				Form (Cash, Check, etc.)			
Street Address	Employer/O	Employer/Occupation/Labor Organization*					Check		
2546 Bexley Park Road	St. 1		7in Code	М	D	Y	Amount		
City	State	Н	Zip Code	1 .	$\begin{vmatrix} 1 \\ 1 \end{vmatrix}$ 2		, anomi	300.00	
Columbus	0	11	43209	1 1	tion Num		<u> </u>	300.00	
Full Name of Contributor				Registra	mon Man	uci, ii rA	i.C		
Wendy Lazarus	- In 1 16		tion/Labor Organization*	L		-	Form (Cash C	hools ato	
Street Address	Employer/C				Form (Cash, Check, etc.)				
719 Georgina Ave.							Check		
City	State		Zip Code	М	D	Y	Amount	250.00	
Santa Monica	C	A	90402	0 1				250.00	
Full Name of Contributor Registration Number, if PAC									
Robert N. Shamansky	Robert N. Shamansky								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
41 S. High Street							check		
City	State		Zip Code	M	D	Y	Amount		
Columbus	0	Н	43215	0 1	1 8	0 8		250.00	
Full Name of Contributor				Registra	ation Num	ber, if PA	C		
Brenda K Dean	Brenda K Dean								
Street Address	Employer/C	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
PO Box 21231							check		
City	State		Zip Code	M	D	Y	Amount		
Columbus		Н	43221-0231	0 1	1 8	0 8	1	100.00	
Full Name of Contributor					ation Nun				
Yvette McGee Brown									
Street Address	Employer/0	Employer/Occupation/Labor Organization*			-			Form (Cash, Check, etc.)	
643 Crossing Creek S								check	
City	State	:	Zip Code	М	D	Y	Amount	······································	
Ghanna	0	Н	43230	0 1	1 8	0 8		1,000.00	
Full Name of Contributor	<u> </u>				ation Nun				
Bernard K. Yenkin									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
							check		
2720 Brentwood Road	State		Zip Code	М	D	ΙΥ	Amount		
City		H	43209	$\begin{bmatrix} n \\ 0 \end{bmatrix}$ 1		0 8	1	100.00	
Columbus	[0]	7.7	43209	U 1	TITO	<u>ju o</u>	<u> </u>	100.00	

Page Total \$ 3,050.00

^{*} 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)]