

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus													
Full Name of Contributor Barbara K. Brandt						Registration Number, if PAC							
Street Address 2333 Brendwood Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43209		M 1 1		D 0 6		Y 0 7		Amount 250.00	
Full Name of Contributor Gayle S. Tenenbaum/Channing & Associates						Registration Number, if PAC							
Street Address 510 E. Mound Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215-5571		M 1 1		D 0 6		Y 0 7		Amount 100.00	
Full Name of Contributor Kristen J. Brown						Registration Number, if PAC							
Street Address 1489 Oakbourne Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Worthington		State O H		Zip Code 43235		M 1 1		D 0 6		Y 0 7		Amount 500.00	
Full Name of Contributor Kenneth B. Ackerman						Registration Number, if PAC							
Street Address 227 S. Preston Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43209		M 1 1		D 0 7		Y 0 7		Amount 5,000.00	
Full Name of Contributor Samuel Fried						Registration Number, if PAC							
Street Address 230 S. Parkview Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43209		M 1 1		D 0 7		Y 0 7		Amount 500.00	
Full Name of Contributor Craig Wright						Registration Number, if PAC							
Street Address 65 S. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43215		M 1 1		D 0 7		Y 0 7		Amount 1,000.00	
Full Name of Contributor Holly J. Kasten						Registration Number, if PAC							
Street Address 2355 Commonwealth Park S			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43209		M 1 1		D 0 7		Y 0 7		Amount 500.00	
Full Name of Contributor Steve Cecil						Registration Number, if PAC							
Street Address 2293 Chamberlee Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Lexington		State K Y		Zip Code 40513		M 1 1		D 19 8		Y 0 7		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 \$ 7,950.00