

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Cindy Lazarus									
Full Name of Contributor Thomas L. White						Registration Number, if PAC			
Street Address 1100 E. Cooke Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43224		M 0	D 2	Y 8	Amount \$100.00	
Full Name of Contributor Elizabeth M. Ross						Registration Number, if PAC			
Street Address P.O. Box 6007			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Vero Beach		State OH	Zip Code 32961		M 0	D 2	Y 8	Amount \$250.00	
Full Name of Contributor John F. Finn						Registration Number, if PAC			
Street Address 3641 Interchange Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43204		M 0	D 2	Y 8	Amount \$250.00	
Full Name of Contributor Jonathan Mensel						Registration Number, if PAC			
Street Address 169 Chase Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43214		M 0	D 2	Y 8	Amount \$30.00	
Full Name of Contributor Jeffrey D. and Valerie A. Milgrom						Registration Number, if PAC			
Street Address 1081 Bluffpoint Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43235		M 0	D 2	Y 8	Amount \$1500.00	
Full Name of Contributor Harley M. Frankel /ATF Wendy Lazarus						Registration Number, if PAC			
Street Address 719 Georgina Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Santa Monica		State CA	Zip Code 90402		M 0	D 2	Y 8	Amount \$500.00	
Full Name of Contributor Rymac Enterprises						Registration Number, if PAC			
Street Address 777 Manor Park Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43228		M 0	D 2	Y 8	Amount \$500.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
City		State	Zip Code		M	D	Y	Amount	
		OH							

* 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 also appear. [R.C. 3517.10(B)(4)]