

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

|                                                                 |                   |               |                                         |               |               |                             |                                          |  |  |
|-----------------------------------------------------------------|-------------------|---------------|-----------------------------------------|---------------|---------------|-----------------------------|------------------------------------------|--|--|
| Name of Committee in Full<br><b>Committee for Cindy Lazarus</b> |                   |               |                                         |               |               |                             |                                          |  |  |
| Full Name of Contributor<br><b>Jeffrey D. Milgrom</b>           |                   |               |                                         |               |               | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>1081 Bluffpoint Dr.</b>                    |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Columbus</b>                                         | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43235</b>                | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>               | Amount<br><b>500.00</b>                  |  |  |
| Full Name of Contributor<br><b>Edwin M. Ellman</b>              |                   |               |                                         |               |               | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>22 W. Gay Street</b>                       |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                         | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43215</b>                | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>               | Amount<br><b>500.00</b>                  |  |  |
| Full Name of Contributor<br><b>Carpenter &amp; Lipps LLP</b>    |                   |               |                                         |               |               | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>280 N High Street</b>                      |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>Columbus</b>                                         | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43215</b>                | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>               | Amount<br><b>1,000.00</b>                |  |  |
| Full Name of Contributor<br><b>Cynthia A. Hilsheimer</b>        |                   |               |                                         |               |               | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>7278 Lambton Park Rd.</b>                  |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |  |
| City<br><b>New Albany</b>                                       | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43054-9037</b>           | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>               | Amount<br><b>500.00</b>                  |  |  |
| Full Name of Contributor<br><b>J. Miles Gibson</b>              |                   |               |                                         |               |               | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>929 Stoney Road</b>                        |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Columbus</b>                                         | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43235-3454</b>           | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>               | Amount<br><b>500.00</b>                  |  |  |
| Full Name of Contributor<br><b>Donald B. Shackelford</b>        |                   |               |                                         |               |               | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>21 E. State St. Suite 1400</b>             |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Columbus</b>                                         | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43215</b>                | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>               | Amount<br><b>1,000.00</b>                |  |  |
| Full Name of Contributor<br><b>Thomas J Katzenmeyer</b>         |                   |               |                                         |               |               | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>4143 Stargrass Court</b>                   |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Hilliard</b>                                         | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43026-3018</b>           | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>               | Amount<br><b>2,500.00</b>                |  |  |
| Full Name of Contributor<br><b>Grant Morrow</b>                 |                   |               |                                         |               |               | Registration Number, if PAC |                                          |  |  |
| Street Address<br><b>253 N. Columbia Ave.</b>                   |                   |               | Employer/Occupation/Labor Organization* |               |               |                             | Form (Cash, Check, etc.)<br><b>check</b> |  |  |
| City<br><b>Columbus</b>                                         | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43209</b>                | M<br><b>1</b> | D<br><b>1</b> | Y<br><b>0</b>               | Amount<br><b>125.00</b>                  |  |  |

\* 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 \$ **6,625.00**