31-A
R.C. 3517.10

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**		
Anne K, Jeffrey									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
596 Ashbourne Place								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43209	10	25	07			1,000.00	
Full Name of Contributor							**Registration Number, if PAC**		
Lenore G. Schottenstein									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
1 Dawson Place, #301								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43209	10	25	07			500.00	
Full Name of Contributor							**Registration Number, if PAC**		
Sharon C. Cameron									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
741 City Park Ave.								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43206	10	25	07			300.00	
Full Name of Contributor							**Registration Number, if PAC**		
Robert J. Weiler									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
41 S. High Street, Ste 1010								Check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43215	10	25	07			1,000.00	
Full Name of Contributor							**Registration Number, if PAC**		
Stuart Lazarus									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
88 W. Beechwold Blvd.								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43214	10	25	07			20,000.00	
Full Name of Contributor							**Registration Number, if PAC**		
Steve Weiler									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
150 E. Mound St., Ste 308								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43215	10	29	07			100.00	
Full Name of Contributor							**Registration Number, if PAC**		
Diane Glimcher									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
10 N. Drexel								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
Columbus	OH	43209	10	29	07			1,000.00	
Full Name of Contributor							**Registration Number, if PAC**		
John G. McCoy									
Street Address	**Employer/Occupation/Labor Organization***							**Form (Cash, Check, etc.)**	
8 Edge of Woods								check	
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**	
New Albany	OH	43054	10	29	07			5,000.00	

* 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 $ 28,900.00