Page	4
I ago	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

		·					
Name of Committee in Full		<u> </u>					
Committee for Cindy Lazarus							
Full Name of Contributor				Registration Number, if PAC			
Connie S. Colburn							
Street Address	Employer/Occup	ation/Labor Organization	*	•		Form (Cash, Check, etc.)	
306 Eastmoor Blvd.						check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43209	0 2	1 2	0 8	100.00	
Full Name of Contributor		1020			ber, if PA		
					•		
Thomas J. Bonasera	Time I array (Occurs	ation/Labor Organization	.*			Form (Cash, Check, etc.)	
Street Address	Employer/Occup	ation/Labor Organization	•			check	
1360 Marilyn Drive		In: O 1	M	<u> </u>	Y	Amount	
City	State	Zip Code	- 1	D		100.00	
Columbus	O H	43200	0 2		0 8		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
	E-malossor/Ossor-	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization				Com (Cabi, Caton, Cato)	
City	State	Zip Code	М	D	Y	Amount	
City				l i	1 ;		
Full Name of Contributor		<u> </u>	Registra	tion Nun	ber, if PA	AC	
rui Name of Contributor					•		
Street Address	Employer/Occur	pation/Labor Organization	1*			Form (Cash, Check, etc.)	
Street Address		•					
City	State	Zip Code	М	D	Y	Amount	
City		1	1				
Full Name of Contributor			Registra	tion Nun	ber, if PA	AC .	
Full Name of Contributor							
Street Address	Employer/Occur	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
Silect Address							
	State	Zip Code	M	D	Y	Amount	
City	State	Zip code	"		1		
			Registra	ation Nur	nber, if PA	AC.	
Full Name of Contributor			rt gioni		,		
Street Address	Employer/Occu	n*			Form (Cash, Check, etc.)		
01100171444055	' '						
Cit.	State	Zip Code	М	D	Y	Amount	
City					i		
			Registr	ation Nu	nber, if P	AC.	
Full Name of Contributor			Rogisti		,		
Street Address Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
Street / Kuli Oss		-					
City	State	Zip Code	М	D	Y	Amount	
1	i						
Full Name of Contributor			Registr	ation Nu	mber, if Pa	AC	
						m (0.1.6; 1)	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
			. <u></u>				
City	State	Zip Code	M	D	Y	Amount	
						<u> </u>	
					an and the	nama of the	

* 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 \$ 200.00