

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus													
Full Name of Contributor Connie S. Colburn						Registration Number, if PAC							
Street Address 306 Eastmoor Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43209		M 0 2		D 1 2		Y 0 8		Amount 100.00	
Full Name of Contributor Thomas J. Bonasera						Registration Number, if PAC							
Street Address 1360 Marilyn Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43200		M 0 2		D 1 2		Y 0 8		Amount 100.00	
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	
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	
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	
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City		State		Zip Code		M		D		Y		Amount	
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City		State		Zip Code		M		D		Y		Amount	
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	

* 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)]