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Statement of Contributions Received

Prescribed by Secretary of State 3/05

177									
Name of Committee in Full									
Committee for Cindy Lazarus									
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Ann E. Schiele	1								
Street Address	Employer/Occupa				Form (Cash, Check, etc.)				
533 Bramblewood Court					check				
City	State	Zip Code	M	D	Y	Amount			
Westerville	OH	43081	0 3	0:2	0 8		50.00		
Full Name of Contributor Registration Number, if PAC									
Neal P Cavanaugh									
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
4542 Arlingate Dr. E.						check			
City	State	Zip Code	М	D	Y	Amount			
Upper Arlington	OH	43221	0 3	0:2	0.8		100.00		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Richard P. Murphy									
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)		
2591 Haverford Road						check			
City	State	Zip Code	M	D	Y	Amount			
Upper Arlington	OH	43220	0 3	0 2	0:8		500.00		
Full Name of Contributor				tion Num		C			
Williams Living Trust, Jean S. Williams TR									
Street Address		ation/Labor Organization*	-			Form (Cash, Ch	eck, etc.)		
6285 Ballmer Road		· ·				check			
City	State	Zip Code	М	D	Y	Amount			
Canal Winchester	OH	43110	013	0 3			500.00		
Full Name of Contributor	1 •	10110				.C	000.00		
Full Name of Contributor Registration Number, if PAC Dennis J. Zack									
Street Address	Employer/Occupa	ation/Labor Organization*	- l			Form (Cash, Ch	eck. etc.)		
2 Keswick Drive						check	,,		
City	State	Zip Code	М	D	Y	Amount			
New Alabany	OH	43054	0 3		0 8		300.00		
Full Name of Contributor	10: ==	10001				C	500.00		
Full Name of Contributor Registration Number, if PAC Babette Gorman									
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Che	eck_etc.)		
353 N Drexel Ave.	2prej 4eveapanen 2.acci enganizarion					on line			
City	State	Zip Code	M	D	Y	Amount			
Columbus	OH	43209		2 7			100.00		
Full Name of Contributor	0	40207		tion Num			100.00		
Jennifer Flint			Rogistra	tion Itain	001, 11 1 7 1				
Street Address	Employer/Occups	ation/Labor Organization*	Ь			Form (Cash, Ch	eck etc)		
6908 Perry Drive	Employen Gecapa	MODELACOT Organization					Jok, Cic.)		
City	State	Zip Code	М	D	Y	on line			
Worthington	OH	43085		1	[Amount	100.00		
Full Name of Contributor	10 11	43063	0 2		0 8		100.00		
Full Name of Contributor Thom & Jane McCain									
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Che	aals ata \		
	Employer/Occupa	adom Laudi Organization.				-	suk, eic.)		
146 Glenmont	Charle	7:- Codo	1 37	I r	l v	on line			
Columbus	State H	Zip Code	M	D 7	Y	Amount	100.00		
Columbus	OH	43214	0 2	2 7	0.8		100.00		

Page Total \$ ____1,750.00

^{*} 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)]