

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus													
Full Name of Contributor Jack J. Chester						Registration Number, if PAC							
Street Address 65 E. State Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43215		M 0 2		D 2 2		Y 0 8		Amount 500.00	
Full Name of Contributor John K Fitch						Registration Number, if PAC							
Street Address 41 Stanberry Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Bexley		State O H		Zip Code 43209		M 0 3		D 0 1		Y 0 8		Amount 150.00	
Full Name of Contributor John F. Ferner						Registration Number, if PAC							
Street Address 8876 Chestershire Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43204		M 0 3		D 0 1		Y 0 8		Amount 100.00	
Full Name of Contributor Darrell Spurlock						Registration Number, if PAC							
Street Address 4683 Galecrest Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) cash						
City Columbus		State O H		Zip Code 43207		M 0 3		D 0 3		Y 0 8		Amount 50.00	
Full Name of Contributor Ann Hefferman						Registration Number, if PAC							
Street Address 139 S. Garfield			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43205		M 0 3		D 0 2		Y 0 8		Amount 15.00	
Full Name of Contributor Jane Hefferman						Registration Number, if PAC							
Street Address 137 S. Garfield Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43205		M 0 3		D 0 2		Y 0 8		Amount 25.00	
Full Name of Contributor Allen J. Silverman						Registration Number, if PAC							
Street Address 2683 Wellesley Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State O H		Zip Code 43209		M 0 3		D 0 2		Y 0 8		Amount 25.00	
Full Name of Contributor Larned Marlow						Registration Number, if PAC							
Street Address 144 S. Monroe			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State O H		Zip Code 43205		M 0 3		D 0 2		Y 0 8		Amount 10.00	

* 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 \$ 875.00