

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus									
Full Name of Contributor Barbara Benham						Registration Number, if PAC			
Street Address 5193 Brandonway Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin	State O	H H	Zip Code 43017	M 0	D 2	Y 1	Amount 250.00		
Full Name of Contributor Andrew Cecil						Registration Number, if PAC			
Street Address 6724 Lakeview Circle			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on line		
City Canal Winchester	State O	H H	Zip Code 43110	M 0	D 2	Y 1	Amount 100.00		
Full Name of Contributor Joyce Swayne						Registration Number, if PAC			
Street Address 523 Crestview Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on line		
City Columbus	State O	H H	Zip Code 43202	M 0	D 2	Y 1	Amount 50.00		
Full Name of Contributor Peggy Concilla						Registration Number, if PAC			
Street Address 4041 Fairfax Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Columbus	State O	H H	Zip Code 43220	M 0	D 2	Y 1	Amount 100.00		
Full Name of Contributor Gloria McCauley						Registration Number, if PAC			
Street Address 2628 N. 4th Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) online		
City Columbus	State O	H H	Zip Code 43202	M 0	D 2	Y 1	Amount 50.00		
Full Name of Contributor James Daley						Registration Number, if PAC			
Street Address 4300 Dublin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on line		
City Columbus	State O	H H	Zip Code 43221	M 0	D 2	Y 1	Amount 150.00		
Full Name of Contributor Chris Cozad						Registration Number, if PAC			
Street Address 2628 N 4th Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on line		
City Columbus	State O	H H	Zip Code 43202	M 0	D 2	Y 1	Amount 100.00		
Full Name of Contributor Sandra Anderson						Registration Number, if PAC			
Street Address 7677 Riverside Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) on line		
City Dublin	State O	H H	Zip Code 43016	M 0	D 2	Y 1	Amount 500.00		

* 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 \$ 1,300.00