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1,300.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full		_	T. T. T.						
Committee for Cindy Lazarus		_	.	Decictros	ion Numb	er if DA	~		
Full Name of Contributor				Registrat	ion Numb	ci, ii i A	2	ï	
Barbara Benham	Tr. 1 /2		i - π - h - n - C	<u> —</u>			Form (Cash, Che	ok etc \	
Street Address	Employer/O	cupat	tion/Labor Organization*				, ,	JR, 610.)	
5193 Brandonway Court					ъ 1	v	check		
City	State		Zip Code	M	D		Amount	250.00	
Dublin	0	Н	43017	0 2	1 1	0 8		250.00	
Full Name of Contributor Registration Number, if PAC									
Andrew Cecil						-			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
6724 Lakeview Circle							on line		
City	State		Zip Code	M	D		Amount		
Canal Winchester	0	$H \ J$	43110	0 2	1 1	0 8		100.00	
Full Name of Contributor	•			Registra	tion Numt	per, if PA	С		
Joyce Swayne									
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)		
523 Crestview Road	i						on line		
City	State		Zip Code	М	D	Y	Amount		
Columbus		Н	43202	0 2	1 1	0 8		50.00	
Full Name of Contributor					tion Numl		С		
Peggy Concilla				ļ					
Street Address	Employer/O	ccupa	tion/Labor Organization*				Form (Cash, Che	ck, etc.)	
4041 Fairfax Drive		•	J				online		
City	State		Zip Code	М	D	Y	Amount		
Columbus		Н	43220	012	1 1	0 8		100.00	
Full Name of Contributor			40220		tion Numl	_	Č	200.00	
						,			
Gloria McCauley	Employer/O	lecupa	tion/Labor Organization*	<u> </u>			Form (Cash, Che	eck. etc.)	
Street Address	Employe//	ccupa	MION LAGOT OTGAINZAMON				online	,	
2628 N. 4th Street	State		Zip Code	Тм	D	Y	Amount		
City		Н	43202	0 2	I .	0 8		50.00	
Columbus			43202					50.00	
Full Name of Contributor Registration Number, if PAC									
James Daley	In 1 10			<u> </u>			Form (Cash, Che	ols etc.)	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)			
4300 Dublin Road			Te:	1 37	1 5	1 1/	on line		
City	State		Zip Code	M	D	Y	Amount	150.00	
Columbus	0	П	43221		1 1			150.00	
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .		
Chris Cozad									
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)		
2628 N 4th Street							on line		
City	State		Zip Code	M	D	Y	Amount	400	
Columbus	0	H	43202		1 1	0 8		100.00	
Full Name of Contributor				Registra	ation Num	ber, if PA	AC		
Sandra Anderson									
Street Address	Employer/C)ccup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)	
7677 Riverside Drive							on line		
City	State		Zip Code	М	D	Y	Amount		
Dublin	0	Н	43016	0 2	1 1	0 8		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 \$