

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor J. Craig Wright					Registration Number, if PAC		
Street Address 433 Country Club Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43213	M 0 1	D 2 5	Y 0 8	Amount 500.00	
Full Name of Contributor Robert R. Lane					Registration Number, if PAC		
Street Address 10733 Preston Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 0 1	D 2 5	Y 0 8	Amount 300.00	
Full Name of Contributor Anthony Jay Dascenzo					Registration Number, if PAC		
Street Address 1012 Hunter Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	
Full Name of Contributor Ohio Merchants Committee CP 322					Registration Number, if PAC		
Street Address 50 W. Broad St Ste 2020		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	
Full Name of Contributor Macy T. Block					Registration Number, if PAC		
Street Address 8581 Dussinane Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43017	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	
Full Name of Contributor Ann B. Crane					Registration Number, if PAC		
Street Address 3600 Kitzmiller Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City New Albany	State O H	Zip Code 43054	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	
Full Name of Contributor Jameson Crane, Jr.					Registration Number, if PAC		
Street Address 2299 Commonwealth Park S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43209	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	
Full Name of Contributor M. Jameson Crane					Registration Number, if PAC		
Street Address 2289 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 1	D 2 5	Y 0 8	Amount 1,000.00	

* 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 \$ **6,800.00**