

FILED

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS
Registration Number, if PAC

Full Name of Committee Committee for Cindy Lazarus						Registration Number, if PAC					
Full Name of Candidate Cynthia C Lazarus											
Street Address 404 S. Chesterfield Road						Office Sought Franklin County Commi			District		
City Columbus						State O H		Zip Code 43209-1916			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/> Pre-Primary		<input type="checkbox"/> Post-Primary		<input type="checkbox"/> Pre-General		<input type="checkbox"/> Post-General		Annual Year		
	<input type="checkbox"/> July		<input type="checkbox"/> August		<input type="checkbox"/> September		<input type="checkbox"/> Termination		Semiannual		
	<input type="checkbox"/> Monthly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Monthly		<input type="checkbox"/> Termination				
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Election		M	D	Y	
						0	3	0	4	0	8

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 66,396.95
2. Total monetary contributions (From Form No. 31-A)	\$ 9,415.00
3. Total other income (From Form No. 31-A-2)	\$
4. Total funds available (sum of lines 1, 2, 3)	\$ 75,811.95
5. Total monetary expenditures (From Form No. 31-B)	\$ 58,833.98
6. Balance on hand (line 4 minus line 5)	\$ 16,977.97
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 1,222.50
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$
10. Outstanding debts owed by committee (From Form No. 31-N)	\$
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Patricia M. Logsdon Patricia M. Logsdon 2/20/08
Print Name and Title (Treasurer and Deputy Treasurer only) Signature Date

Contribution pages 4

Expenditure pages 2

Other pages 1

Total pages 7

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Robert L. Fine					Registration Number, if PAC		
Street Address 1328-C Lake Shore Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State O H	Zip Code 43204	M 0 2	D 0 4	Y 0 8	Amount 100.00
Full Name of Contributor Bethanne Tilson					Registration Number, if PAC		
Street Address 2831 Dale Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43209	M 0 2	D 0 4	Y 0 8	Amount 100.00
Full Name of Contributor Mary Wolfe Crall					Registration Number, if PAC		
Street Address 317 S Dawson Ave.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43209	M 0 2	D 0 4	Y 0 8	Amount 250.00
Full Name of Contributor Stuart Lazarus					Registration Number, if PAC		
Street Address 88 W. Beechwold Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43214	M 0 2	D 0 4	Y 0 8	Amount 5,000.00
Full Name of Contributor Robin Rose					Registration Number, if PAC		
Street Address 39 W 179 St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line	
City St. Charles		State I L	Zip Code 60175	M 0 2	D 0 8	Y 0 8	Amount 250.00
Full Name of Contributor Sarah Irvin					Registration Number, if PAC		
Street Address 183 E. Whittier			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line	
City Columbus		State O H	Zip Code 43205	M 0 2	D 0 8	Y 0 8	Amount 50.00
Full Name of Contributor Peter Merkle					Registration Number, if PAC		
Street Address 15 E. Gay Street			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line	
City Columbus		State O H	Zip Code 43215	M 0 2	D 0 8	Y 0 8	Amount 25.00
Full Name of Contributor Fordham Huffman					Registration Number, if PAC		
Street Address PO Box 165017			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line	
City Columbus		State O H	Zip Code 43216	M 0 2	D 0 8	Y 0 8	Amount 250.00

* 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)]

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Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Kevin Firstenberger						Registration Number, if PAC	
Street Address 144 Binns Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line	
City Columbus		State O H	Zip Code 43204	M 0 2	D 0 0	Y 0 8	Amount 50.00
Full Name of Contributor Stuart Lazarus						Registration Number, if PAC	
Street Address 88 W Beechwold Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) on line	
City Columbus		State O H	Zip Code 43214	M 0 2	D 0 0	Y 0 8	Amount 25.00
Full Name of Contributor John S. Kobacker						Registration Number, if PAC	
Street Address 5634 Clark State Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna		State O H	Zip Code 43230	M 0 2	D 0 9	Y 0 8	Amount 1,000.00
Full Name of Contributor Robert C. Moeller						Registration Number, if PAC	
Street Address 749 Waterton Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville		State O H	Zip Code 43081	M 0 2	D 0 9	Y 0 8	Amount 50.00
Full Name of Contributor David R. Hardesty						Registration Number, if PAC	
Street Address 4399 Olentangy Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43214	M 0 2	D 1 1	Y 0 8	Amount 15.00
Full Name of Contributor Mary W Navarro						Registration Number, if PAC	
Street Address 1717 Riverstone Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43015	M 0 2	D 1 1	Y 0 8	Amount 250.00
Full Name of Contributor J. Todd Williams						Registration Number, if PAC	
Street Address 4051 Longhill Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43220	M 0 2	D 1 1	Y 0 8	Amount 250.00
Full Name of Contributor Kelfi Dibella						Registration Number, if PAC	
Street Address 7460 Daugherty Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg		State O H	Zip Code 43068	M 0 2	D 1 1	Y 0 8	Amount 250.00

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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	Zip Code 43017	M 0 2	D 1 1	Y 0 8	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	Zip Code 43110	M 0 2	D 1 1	Y 0 8	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	Zip Code 43202	M 0 2	D 1 1	Y 0 8	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	Zip Code 43220	M 0 2	D 1 1	Y 0 8	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	Zip Code 43202	M 0 2	D 1 1	Y 0 8	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	Zip Code 43221	M 0 2	D 1 1	Y 0 8	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	Zip Code 43202	M 0 2	D 1 1	Y 0 8	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	Zip Code 43016	M 0 2	D 1 1	Y 0 8	Amount 500.00

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Name of Committee in Full Committee for Cindy Lazarus							
Full Name of Contributor Connie S. Colburn					Registration Number, if PAC		
Street Address 306 Eastmoor Blvd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43209	M 0 2	D 1 2	Y 0 8	Amount 100.00
Full Name of Contributor Thomas J. Bonasera					Registration Number, if PAC		
Street Address 1360 Marilyn Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State O H	Zip Code 43200	M 0 2	D 1 2	Y 0 8	Amount 100.00
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount
Full Name of Contributor					Registration Number, if PAC		
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City		State	Zip Code	M	D	Y	Amount

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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Committee for Cindy Lazarus													
To Whom Paid						M	D	Y	Amount				
Blue Eutopia						0	2	0	4	0	8	44.60	
Address				Purpose									
PO Box 4486				transaction costs									
City		State		Zip Code		Check Number							
Seattle		W A		98194		on line							
To Whom Paid						M	D	Y	Amount				
Jonathan Varner Associates						0	2	0	7	0	8	20,000.00	
Address				Purpose									
1991 Glenn Avenue				printing and mailing									
City		State		Zip Code		Check Number							
Columbus		O H		43212		1008							
To Whom Paid						M	D	Y	Amount				
WCMH-TV						0	2	0	7	0	8	13,068.75	
Address				Purpose									
3165 Olentangy River Road				TV purchase									
City		State		Zip Code		Check Number							
Columbus		O H		43202		1009							
To Whom Paid						M	D	Y	Amount				
WBNS TV						0	2	0	7	0	8	14,237.50	
Address				Purpose									
770 Twin Rivers Drive				TV purchase									
City		State		Zip Code		Check Number							
Columbus		O H		43215		1011							
To Whom Paid						M	D	Y	Amount				
WSYX-TV						0	2	0	7	0	8	5,125.50	
Address				Purpose									
1261 Dublin Road				TV purchase									
City		State		Zip Code		Check Number							
Columbus		O H		43215		1012							
To Whom Paid						M	D	Y	Amount				
WTTE-TV						0	2	0	7	0	8	1,445.00	
Address				Purpose									
1261 Dublin Road				TV purchase									
City		State		Zip Code		Check Number							
Columbus		O H		43215		1013							
To Whom Paid						M	D	Y	Amount				
Gina Gabriel						0	2	0	7	0	8	2,789.85	
Address				Purpose									
5811 Whitecraigs Ct				TV buy									
City		State		Zip Code		Check Number							
Dublin		O H		43017		1014							
To Whom Paid						M	D	Y	Amount				
Kroger Co						0	2	1	2	0	8	2,050.00	
Address				Purpose									
PO Box 42010				Postage									
City		State		Zip Code		Check Number							
Providence		O H		021940		1015							

We will supply copies of checks when the February bank statement is received. B

In-Kind Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Cindy Lazarus			
Full Name of Contributor The Plymale Partnership		Employer, Occupation, Labor Organization* Law Office	Registration Number, if PAC
Street Address 495 S High Street		Description of Item or Service Beverages for volunteers	M D Y Fair Market Value 0 2 1 8 0 8 \$22.50
City Columbus		State Zip Code OH 53215	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor The Plymale Partnership		Employer, Occupation, Labor Organization* Law office	Registration Number, if PAC
Street Address 495 S High Street		Description of Item or Service office space & phone resources	M D Y Fair Market Value 0 2 1 8 0 8 \$1,200.00
City Columbus		State Zip Code OH 43215	Received at Fundraising Event? <input type="radio"/> YES <input checked="" type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO
Full Name of Contributor		Employer, Occupation, Labor Organization*	Registration Number, if PAC
Street Address		Description of Item or Service	M D Y Fair Market Value
City		State Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO

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