

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Judge Lawrence A. Belskis Committee							
Full Name of Contributor Richard D. Bringardner						Registration Number, if PAC	
Street Address 4836 Lytfield Dr.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017		M 0	D 9	Y 3 0 0 8
						Amount \$250.00	
Full Name of Contributor Richard T. Taps						Registration Number, if PAC	
Street Address 713 S. Front St.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206		M 0	D 9	Y 3 0 0 8
						Amount \$500.00	
Full Name of Contributor Hamilton J. Teaford						Registration Number, if PAC	
Street Address 91 E. Deshler Ave.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43206		M 0	D 9	Y 3 0 0 8
						Amount \$250.00	
Full Name of Contributor Elizabeth M. Jolley						Registration Number, if PAC	
Street Address 143 Sarwil Dr.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Canal Winchester		State OH	Zip Code 43110		M 0	D 9	Y 3 0 0 8
						Amount \$100.00	
Full Name of Contributor Nicholas Z. Alexander						Registration Number, if PAC	
Street Address 7970 Greenside Ln.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235		M 0	D 9	Y 3 0 0 8
						Amount \$200.00	
Full Name of Contributor Barbara N. Alexander						Registration Number, if PAC	
Street Address 7970 Greenside Ln.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235		M 0	D 9	Y 3 0 0 8
						Amount \$100.00	
Full Name of Contributor William A. Werth						Registration Number, if PAC	
Street Address 5664 Keating Dr.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43016		M 0	D 9	Y 3 0 0 8
						Amount \$250.00	
Full Name of Contributor Paul W. Bloomfield						Registration Number, if PAC	
Street Address 1480 Dublin Road			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 3 0 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 also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,900.00**

**Court Appointee who may have received in excess of \$250 in aggregate compensation from Court appointments. [Canon 7 (C)(2)(a)(ii)]