

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 Wade E. Harrison, Esq.**							Registration Number, if PAC		
Street Address 1500 West 3rd Ave., Ste. 310				Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43212		M D Y 1 1 3 0 7		Amount \$500.00	
Full Name of Contributor Richard D. Topper, Esq.							Registration Number, if PAC		
Street Address 5132 Olentangy River Road				Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43235		M D Y 1 1 1 3 0 7		Amount \$150.00	
Full Name of Contributor Thomas N. Taneff, Attorney at Law, Business Account**							Registration Number, if PAC		
Street Address 600 S. High St., Ste. 201				Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M D Y 1 1 1 3 0 7		Amount \$3,000.00	
Full Name of Contributor Grant Douglass							Registration Number, if PAC		
Street Address 1115 Urlin Avenue				Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43212		M D Y 1 1 1 4 0 7		Amount \$500.00	
Full Name of Contributor Ida Vannatta							Registration Number, if PAC		
Street Address 997 W. Broad				Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43222		M D Y 1 1 1 4 0 7		Amount \$300.00	
Full Name of Contributor Richard M. Vannatta**							Registration Number, if PAC		
Street Address 997 W. Broad				Employer/Occupation/Labor Organization* self-employed /appraiser			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43222		M D Y 1 1 1 4 0 7		Amount \$300.00	
Full Name of Contributor Jeffrey A. Rich, Esq.							Registration Number, if PAC		
Street Address 300 E. Broad St., Ste. 300				Employer/Occupation/Labor Organization* Rich, Crites & Dittmer			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M D Y 1 1 1 4 0 7		Amount \$300.00	
Full Name of Contributor Mark A. McLeod, Esq. **							Registration Number, if PAC		
Street Address 471 East Broad St., Ste. 1900				Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43215		M D Y 1 1 1 4 0 7		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 also appear. [R.C. 3517.10(B)(4)]

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

Page Total **\$5,550.00**