Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Judge Lawrence A. Belskis C	ommittee			
Full Name of Contributor Burce H. Burkholder**		en deutsche Geschler von der versche deutsche Geschler von der deutsche Geschler von der deutsche Geschler von	Registration Number, if I	
Street Address 10291 Sylvian Dr.	Employer/Occu	pation/Labor Organization*	Control special programme and the control of the co	Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	1 0 2 9 0 8	Amount \$500.00
Full Name of Contributor Tonya Y. Burkholder			Registration Number, if	
Street Address 10291 Sylvian Dr.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	1 0 2 9 0 8	
Full Name of Contributor Michael W. Haughn			Registration Number, if	
Sheet Address 9882 Cape Ct.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	1 0 2 9 0 8	1
Full Name of Contributor Erika L. Lee			Registration Number, if	
Street Address 419 E. Jeffrey Pl.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43214	1 ^M 0 2 9 0 8	
Full Name of Contributor Alfred A. Buoni			Registration Number, if	
Street Address 2566 Youngs Grove Rd.	Employer/Occi	ipation/Labor Organization*		Form (Cash, Check, etc.)
^{City} Columbus	State OH	Zip Code 43231	$\begin{array}{ c c c c c c }\hline 1 & 0 & 2 & 9 & 0 & 8 \\\hline \end{array}$	1 .
Full Name of Contributor Kimberly A. Borror	Registration Number, if PAC			
Street Address 5500 Dublin Road	Employer/Occupation/Labor Organization*		Outperfelolities and the second secon	Form (Cash, Check, etc. Check
City Dublin	State OH	Zip Code 43017	1 0 2 9 0 8	Amount \$500.00
Full Name of Contributor Jane A. Erfurt			Registration Number, if PAC	
Street Address 4212 Haymaker Lane	Employer/Occi	upation/Labor Organization*	The state of the s	Form (Cash, Check, etc. Check
City Dublin	State OH	Zip Code 43017	1 0 2 9 0 8	
Full Name of Contributor J. Michael Evans**	open geste kilder for kalte in neutra neutra ett en er gellen men en e	o por primer de la persona de la compressa de la dela compressa de la compressa de la compressa de la compressa	Registration Number, it	PAC
Street Address 160 Blenheim Rd.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc. Check
City Columbus	State OH	Zip Code 43017	M D Y 1 0 2 9 0	Amount 8 \$200.00

Page Total \$2,150.00

^{*}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)]