

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 Colley Shroyer & Abraham Co., LPA							Registration Number, if PAC		
Street Address 536 South High St.				Employer/Occupation/Labor Organization* Law Firm				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 6	
						Y 1		Amount \$2,000.00	
						Y 2			
						Y 0			
						Y 8			
Full Name of Contributor Kevin F. Kurgis Co., LPA							Registration Number, if PAC		
Street Address 100 S. fourth St., St. 300				Employer/Occupation/Labor Organization* Law Firm				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 6	
						Y 1		Amount \$500.00	
						Y 2			
						Y 0			
						Y 8			
Full Name of Contributor Rittenour Court, LLC							Registration Number, if PAC		
Street Address 2571 Rittenour Court				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) Check	
City Blacklick		State OH		Zip Code 43004		M 0		D 6	
						Y 1		Amount \$1,000.00	
						Y 2			
						Y 0			
						Y 8			
Full Name of Contributor James R. Dunn							Registration Number, if PAC		
Street Address 5065 Clark State Road				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) Check	
City Gahanna		State OH		Zip Code 43230		M 0		D 6	
						Y 1		Amount \$500.00	
						Y 7			
						Y 0			
						Y 8			
Full Name of Contributor David W. Bishoff							Registration Number, if PAC		
Street Address 99 S. Columbia Ave.				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 6	
						Y 1		Amount \$500.00	
						Y 7			
						Y 0			
						Y 8			
Full Name of Contributor Constance F. Page							Registration Number, if PAC		
Street Address 2811 Chateau Cricle N.				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 6	
						Y 1		Amount \$250.00	
						Y 7			
						Y 0			
						Y 8			
Full Name of Contributor Tom Rice							Registration Number, if PAC		
Street Address 91 Ashbourne Rd.				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 6	
						Y 1		Amount \$100.00	
						Y 7			
						Y 0			
						Y 8			
Full Name of Contributor Frank M. Byers, Jr.							Registration Number, if PAC		
Street Address 11 Miranova Place, Apt. 840				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 6	
						Y 1		Amount \$250.00	
						Y 7			
						Y 0			
						Y 8			

* 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 **\$5,100.00**

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