

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Judge Lawrence A. Belskis Committee					
Full Name Franklin County Republican Party				Registration Number, if PAC	
Address 14 E. Gay St., 2nd Fl.	Type* RE		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check		Amount \$5,500.00
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount
Full Name				Registration Number, if PAC	
Address				M	D
City				Y	Amount

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

5,500.00
Page Total \$