

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 Burce H. Burkholder**					Registration Number, if PAC		
Street Address 10291 Sylvian Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2	Amount \$500.00	
Full Name of Contributor Tonya Y. Burkholder					Registration Number, if PAC		
Street Address 10291 Sylvian Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2	Amount \$500.00	
Full Name of Contributor Michael W. Haughn					Registration Number, if PAC		
Street Address 9882 Cape Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor Erika L. Lee					Registration Number, if PAC		
Street Address 419 E. Jeffrey Pl.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor Alfred A. Buoni					Registration Number, if PAC		
Street Address 2566 Youngs Grove Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43231	M 1	D 0	Y 2	Amount \$200.00	
Full Name of Contributor Kimberly A. Borrer					Registration Number, if PAC		
Street Address 5500 Dublin Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2	Amount \$500.00	
Full Name of Contributor Jane A. Erfurt					Registration Number, if PAC		
Street Address 4212 Haymaker Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor J. Michael Evans**					Registration Number, if PAC		
Street Address 160 Blenheim Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43017	M 1	D 0	Y 2	Amount \$200.00	

* 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 **\$2,150.00**

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