

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 John B. Mashburn, Esq.**						Registration Number, if PAC	
Street Address 518 Main St., P.O. Box 125			Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check	
City Groveport		State OH	Zip Code 43215		M 1	D 1	Y 2 0 0 7
						Amount \$300.00	
Full Name of Contributor Metz, Bailey & McLoughlin						Registration Number, if PAC	
Street Address 33 East Schrock Rd.			Employer/Occupation/Labor Organization* Law Firm			Form (Cash, Check, etc.) Check	
City Westerville		State OH	Zip Code 43081		M 1	D 1	Y 2 0 0 7
						Amount \$600.00	
Full Name of Contributor Melinda Miller**						Registration Number, if PAC	
Street Address 4722 Shire Ridge Road			Employer/Occupation/Labor Organization* Independent Adoption Assessor			Form (Cash, Check, etc.) Check	
City Hilliard		State OH	Zip Code 43026		M 1	D 1	Y 2 0 0 7
						Amount \$300.00	
Full Name of Contributor Lori-Lou Kim, Esq.						Registration Number, if PAC	
Street Address 41 South High St.			Employer/Occupation/Labor Organization* Porter, Wright, Morris & ARthur, LLP			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 1	D 1	Y 2 0 0 7
						Amount \$300.00	
Full Name of Contributor Robert B. St. Clair, Esq.						Registration Number, if PAC	
Street Address 580 S. High St., Ste. 200			Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 1	D 1	Y 2 0 0 7
						Amount \$300.00	
Full Name of Contributor Margaret Blackmore, Esq.						Registration Number, if PAC	
Street Address 536 S. High St.			Employer/Occupation/Labor Organization* Tyack, Blackmore & Liston Co., LPA			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215		M 1	D 1	Y 2 0 0 7
						Amount \$300.00	
Full Name of Contributor Shannon Bush VanDerKarr**						Registration Number, if PAC	
Street Address 5545 Classics Ct.			Employer/Occupation/Labor Organization* Independent Adoption Assessor			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43017		M 1	D 1	Y 2 0 0 7
						Amount \$300.00	
Full Name of Contributor Joseph H. Yearling, Esq.						Registration Number, if PAC	
Street Address 1310 Fountaine Drive			Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221		M 1	D 1	Y 2 0 0 7
						Amount \$100.00	

* 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 **\$2,500.00**