

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 Bailey Cavalieri, LLC						Registration Number, if PAC			
Street Address 10 West Broad St., Ste. 2100			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 1	Amount \$500.00	
Full Name of Contributor C. Andrew Ireton, Jr.						Registration Number, if PAC			
Street Address 41 S. High St., 32nd Floor			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 1	Amount \$300.00	
Full Name of Contributor Lee A. Wendel						Registration Number, if PAC			
Street Address 5653 Westbriar Dr.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Hilliard		State OH	Zip Code 43026		M 0	D 9	Y 1	Amount \$200.00	
Full Name of Contributor David W. Alexander						Registration Number, if PAC			
Street Address 305 Partridge Bend			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Powell		State OH	Zip Code 43065		M 0	D 9	Y 1	Amount \$500.00	
Full Name of Contributor Karen M. Moore						Registration Number, if PAC			
Street Address 2457 Coventry Road			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH	Zip Code 43221		M 0	D 9	Y 1	Amount \$150.00	
Full Name of Contributor William B. McNeil						Registration Number, if PAC			
Street Address 323 Short Dr.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Piqua		State OH	Zip Code 45356		M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor J. Michael Cooney						Registration Number, if PAC			
Street Address 11054 Toddtee Ln.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Cincinnati		State OH	Zip Code		M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor George E. Zola						Registration Number, if PAC			
Street Address 8217 Grey Abby Court			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 0	D 9	Y 1	Amount \$250.00	

* 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 **\$2,100.00**

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