

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 Carole H. Schuller					Registration Number, if PAC		
Street Address 2567 Onandaga Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 1608	Amount \$100.00	
Full Name of Contributor Ron Guzzo					Registration Number, if PAC		
Street Address P.O. Box 783		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 1608	Amount \$50.00	
Full Name of Contributor John J. Montgomery					Registration Number, if PAC		
Street Address 11207 N. High St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43201	M 1	D 0	Y 1608	Amount \$200.00	
Full Name of Contributor Marcia L. Meckler**					Registration Number, if PAC		
Street Address 2369 East Main St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 1608	Amount \$200.00	
Full Name of Contributor Loann W. Crane					Registration Number, if PAC		
Street Address One Miranova Place, Ste. 515		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 1608	Amount \$500.00	
Full Name of Contributor Laurence G. Ruben					Registration Number, if PAC		
Street Address 140 S. Columbia Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 1608	Amount \$250.00	
Full Name of Contributor Rosemary Ebner Pomeroy					Registration Number, if PAC		
Street Address 200 East Campus View Blvd., Ste. 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 1608	Amount \$150.00	
Full Name of Contributor William A. Morse					Registration Number, if PAC		
Street Address 280 W. New England Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43085	M 1	D 0	Y 1608	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 **\$1,700.00**

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