

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 Nancy L. Sponseller						Registration Number, if PAC	
Street Address 5890 Sawmill Road, Ste. 110			Employer/Occupation/Labor Organization * Attorney			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1 4 0 8	Amount \$100.00	
Full Name of Contributor Phillip A. Waid						Registration Number, if PAC	
Street Address 3400 Darbyshire Drive			Employer/Occupation/Labor Organization * 			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 1 4 0 8	Amount \$500.00	
Full Name of Contributor Pamela D. Duren						Registration Number, if PAC	
Street Address 6148 Inverurie Dr. E.			Employer/Occupation/Labor Organization * 			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1 4 0 8	Amount \$500.00	
Full Name of Contributor Robert Leo Art						Registration Number, if PAC	
Street Address 65 Westwood Rd.			Employer/Occupation/Labor Organization * 			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 1 4 0 8	Amount \$500.00	
Full Name of Contributor Julia H. Art						Registration Number, if PAC	
Street Address 65 Westwood Rd.			Employer/Occupation/Labor Organization * 			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 1	D 0	Y 1 4 0 8	Amount \$500.00	
Full Name of Contributor Douglas F. Austin						Registration Number, if PAC	
Street Address 9098 Tartan Fields Drive			Employer/Occupation/Labor Organization * 			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1 4 0 8	Amount \$250.00	
Full Name of Contributor John B. Gerlach, Jr.						Registration Number, if PAC	
Street Address 8489 Dunsinane Dr.			Employer/Occupation/Labor Organization * 			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1 4 0 8	Amount \$500.00	
Full Name of Contributor Robert W. Rahal						Registration Number, if PAC	
Street Address 5 New Albany Rd.			Employer/Occupation/Labor Organization * 			Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 1 4 0 8	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 **\$3,100.00**

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