Statement of Contributions Received

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Prescribed by Secretary of State 03/05

| Name of Committee in Full Judge Lawrence A. Belskis Committee | | | | |
|--|---|--|---|--------------------------------|
| Full Name of Contributor | | ······································ | Registration Number, if P. | AC |
| Michael J. Zaino, Esq. | | | | |
| Street Address | | pation/Labor Organization* | | Form (Cash, Check, etc.) |
| 4503 Balfoure Circle | Zaino & Humphrey, LPA | | | Check |
| City Dublin | State OH | Zip Code 43017 | M D Y 1 1 2 7 0 7 | Amount \$300.00 |
| | Оп | 10017 | Registration Number, if P | |
| Full Name of Contributor Jinx S. Beachler, Esq. | | | Registration Number, if F | |
| Street Address 8299 McGur Road | Employer/Occupation/Labor Organization* Bidwell & Beachler Co., LPA | | | Form (Cash, Check, etc.) Check |
| City . | State | Zip Code | M D Y | Amount |
| Stewart | OH | 45778 | 1 1 2 7 0 7 | \$300.00 |
| Full Name of Contributor | , | | Registration Number, if PAC | |
| Gary W. Lyons, Esq. | | | | |
| Street Address | Employer/Occupation/Labor Organization | | Form (Cash, Check, etc.) | |
| 336 S. High St. | DeLibera, | , Lyons & Bibbo | | Check Amount |
| City Columbus | OH | Zip Code 43215 | $\begin{bmatrix} 1 & 1 & 2 & 7 & 0 & 7 \end{bmatrix}$ | \$300.00 |
| Full Name of Contributor | ! | | Registration Number, if P | AC |
| Michael P. Mahoney, Esq. | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) |
| 5170 Chevy Chase Ct. | Bailey Cavalieri, LLC | | | Check |
| City | State | Zip Code | M D Y 1 1 2 7 0 7 | Amount |
| Columbus | ОН | 43220 | Registration Number, if F | \$300.00 |
| Full Name of Contributor Registration Number, if PAC R. Douglas Wrightsell, Esq. | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | | Form (Cash, Check, etc.) |
| 3300 Riverside Dr., Ste. 100 | Wrightsel & Wrightsel | | | Check |
| City | State | Zip Code | M D Y | Amount |
| Columbus | OH | 43221 | 1 1 2 7 0 7 | \$300.00 |
| Full Name of Contributor Registration Number, if PAC Robert U. Miller** | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | <u>L.:</u> | Form (Cash, Check, etc.) |
| 5658 Loch Boom Cir. | Re/Max W | /inners, Inc./Appraiser | | Check |
| City Dublin | State OH | Zip Code 43017 | M D Y 1 1 1 2 7 D 7 | Amount \$300.00 |
| | Ori | 10011 | Registration Number, if F | |
| Full Name of Contributor George M. Hoffman, Esq. | | | Registration Number, in F | AC |
| Street Address | Elever/Oom | mation / shor Organization* | | Form (Cash, Check, etc.) |
| 261 W. Johnstown Rd. | Employer/Occupation/Labor Organization* self-employed | | | Check |
| City | State | Zip Code | M D Y | Amount \$500.00 |
| Columbus | ОН | 43230 | 1 1 2 7 0 7 | |
| Full Name of Contributor Kurt B. McCurdy** | | | Registration Number, if I | AC |
| Street Address | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) |
| 3295 Glen Oaks Ct. | | tors/Appraiser | | Check |
| City Lewis Center | State OH | Zip Code 43035 | M D Y 1 1 1 2 7 0 7 | Amount \$300.00 |

^{*} 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)]