

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 Barbara J. Michael, Esq.						Registration Number, if PAC			
Street Address 2257 Atlee Ct.			Employer/Occupation/Labor Organization* Michael & Michael			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43220		M 1	D 1	Y 2	Y 7	Amount \$300.00
Full Name of Contributor Colby M. Crall						Registration Number, if PAC			
Street Address 21 E. State St.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43215		M 1	D 1	Y 2	Y 7	Amount \$300.00
Full Name of Contributor Brad Wrightsell, Esq.						Registration Number, if PAC			
Street Address 3300 Riverside Dr., Ste. 100			Employer/Occupation/Labor Organization* Wrightsel & Wrightsel			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43221		M 1	D 1	Y 2	Y 7	Amount \$300.00
Full Name of Contributor Jacintha Kraft Balch, Esq.						Registration Number, if PAC			
Street Address 240 N. Stanwood Rd.			Employer/Occupation/Labor Organization* Balch Law			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43209		M 1	D 1	Y 2	Y 7	Amount \$300.00
Full Name of Contributor Louis M. Borowicz, Esq.						Registration Number, if PAC			
Street Address 254 Muladore Drive			Employer/Occupation/Labor Organization* Thomas E. Baxter & Associates, Co.			Form (Cash, Check, etc.) Check			
City Powell		State OH	Zip Code 43065		M 1	D 1	Y 2	Y 7	Amount \$300.00
Full Name of Contributor Jack Lett, Esq.						Registration Number, if PAC			
Street Address 2965 Columbus St., Suite C			Employer/Occupation/Labor Organization* self-employed			Form (Cash, Check, etc.) Check			
City Grove City		State OH	Zip Code 43123		M 1	D 1	Y 2	Y 7	Amount \$300.00
Full Name of Contributor John F. Finn						Registration Number, if PAC			
Street Address 3641 Interchange Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City Columbus		State OH	Zip Code 43204		M 1	D 1	Y 2	Y 7	Amount \$300.00
Full Name of Contributor Tiney M. McComb						Registration Number, if PAC			
Street Address 6905 Clivdon Mews			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check			
City New Albany		State OH	Zip Code 43054		M 1	D 1	Y 2	Y 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)]

Page Total **\$2,400.00**