

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 Amy B. Dunn						Registration Number, if PAC	
Street Address 1764 Edgemont Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	M 1	D 0	Y 2 9 0 8	Amount \$250.00	
Full Name of Contributor Jeffrey A. Bardus						Registration Number, if PAC	
Street Address 107 Meadow Dr. SW			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 1	D 0	Y 2 9 0 8	Amount \$250.00	
Full Name of Contributor Bradford S. Eldridge						Registration Number, if PAC	
Street Address 1226 Whispering Meadow Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 2 9 0 8	Amount \$400.00	
Full Name of Contributor Samuel J. Agresti, Jr.						Registration Number, if PAC	
Street Address 1608 Grove Hill Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43240	M 1	D 0	Y 2 9 0 8	Amount \$200.00	
Full Name of Contributor George W. Anderson						Registration Number, if PAC	
Street Address 4765 Powderhorn Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	M 1	D 0	Y 2 9 0 8	Amount \$250.00	
Full Name of Contributor David M. Aronowitz						Registration Number, if PAC	
Street Address 478 Meditation Lane			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 1	D 0	Y 2 9 0 8	Amount \$200.00	
Full Name of Contributor Elaine Natsis						Registration Number, if PAC	
Street Address 4625 North Gate Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 2 9 0 8	Amount \$200.00	
Full Name of Contributor Margaret Abigail Bellows						Registration Number, if PAC	
Street Address 245 Garfield Place No. 2			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Brooklyn	State NY	Zip Code 11215	M 1	D 0	Y 2 9 0 8	Amount \$500.00	

* 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 **\$2,250.00**

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