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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 James P. Garland			Registration Number, if PAC		
Street Address 2486 Bexley Park Rd.	Employer/Occup	pation/Labor Organization*	- Bases and the second company of the second contribution of the other second contribution of the seco	Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	0 6 0 2 0 8	Amount \$250.00	
Full Name of Contributor Hakim Ben Adjoua, J.D. Registration Number, if PAC					
Street Address 670 Frances Ct.	Employer/Occup Attorney	pation/Labor Organization*	Expenses consistent and processors of consistent and consistent a	Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	0 5 0 2 0 8	Amount \$100.00	
Full Name of Contributor Rainey S. Taylor, Jr.			Registration Number, if PAC		
Street Address 100 Kendal DR.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Granville	State OH	Zip Code 43023	0 6 0 3 0 8		
Full Name of Contributor John B. Sandman Registration Number, if PAC					
Street Address 356 Indian Mound Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43212	0 6 0 4 0 8	Amount \$100.00	
Full Name of Contributor Registration Number, if PAC Don M. Casto, III					
Street Address 191 W. Nationwide Blvd., Ste. 200	Employer/Occu	pation/Labor Organization*	Control of the second s	Form (Cash, Check, etc.) Check	
City Columbus	State OH,	Zip Code 43215	0 6 0 6 0 8	Amount \$250.00	
Full Name of Contributor Registr David P. Lauer			Registration Number, if	egistration Number, if PAC	
Street Address 5386 Dunniker Park Dr.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	0 6 0 6 0 8	Amount \$100.00	
Full Name of Contributor Alfred A. Buoni Registration Number, if PAC					
Street Address 2566 Youngs Grove Rd.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43231	M D Y 0 6 0 9 0 8	Amount \$300.00	
Full Name of Contributor Registration Number, if PA Kurt S. Blank				PAC	
Street Address 2065 Sandover Court	Employer/Occu	Employer/Occupation/Labor Organization*			
City Columbus	State OH	Zip Code 43220	M 0 6 0 9 0 8	Amount \$250.00	

Page Total \$1,400.00

^{*} 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)]