

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 Susanne Robins					Registration Number, if PAC		
Street Address 245 North Cassingham Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 0	Amount \$500.00	
Full Name of Contributor Randall J. Rogers					Registration Number, if PAC		
Street Address 382 Lily Pond Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 1	D 0	Y 0	Amount \$500.00	
Full Name of Contributor Steven J. Schultheis					Registration Number, if PAC		
Street Address 6011 Blunden Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43016	M 1	D 0	Y 0	Amount \$500.00	
Full Name of Contributor Roger R. Schmidt					Registration Number, if PAC		
Street Address 3543 Hidden Cove Circle		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Lewis Center	State OH	Zip Code 43035	M 1	D 0	Y 0	Amount \$50.00	
Full Name of Contributor Chris S. Sevis					Registration Number, if PAC		
Street Address 7600 James River Close		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Frank Stavroff					Registration Number, if PAC		
Street Address 7212 Landon Lane		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Elizabeth E. Tracy					Registration Number, if PAC		
Street Address 5057 Heath Gate Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$150.00	
Full Name of Contributor Todd A. Travis					Registration Number, if PAC		
Street Address 3314 Sciotalangy Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Cindy W. Hertenstein	State OH	Zip Code 43221	M 1	D 0	Y 0	Amount \$150.00	

* 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 **\$1,600.00**

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