

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 Linda Larrimer						Registration Number, if PAC							
Street Address 1755 Arlington Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43212		M 0		D 9		Y 2 2 0 8		Amount \$100.00	
Full Name of Contributor Valerie H. Carlson						Registration Number, if PAC							
Street Address 1450 Clubview Blvd. S.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43235		M 0		D 9		Y 2 2 0 8		Amount \$250.00	
Full Name of Contributor Thomas A. Unverferth						Registration Number, if PAC							
Street Address 128 N. Cox St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Ottawa		State OH		Zip Code 45875		M 0		D 9		Y 2 3 0 8		Amount \$90.00	
Full Name of Contributor Sean P. Dunn						Registration Number, if PAC							
Street Address 7498 Alpath Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City New Albany		State OH		Zip Code 43054		M 0		D 9		Y 2 3 0 8		Amount \$100.00	
Full Name of Contributor D. Gardner Dunn						Registration Number, if PAC							
Street Address 4328 Vaux Link			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City New Albany		State OH		Zip Code 43054		M 0		D 9		Y 2 3 0 8		Amount \$100.00	
Full Name of Contributor Citizens for Kevin Bacon						Registration Number, if PAC							
Street Address 5325 Ponderosa Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43231		M 0		D 9		Y 2 4 0 8		Amount \$100.00	
Full Name of Contributor Susan E. Boyle						Registration Number, if PAC							
Street Address 1225 Brittany Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43220		M 0		D 9		Y 2 4 0 8		Amount \$150.00	
Full Name of Contributor Frank A. Ray						Registration Number, if PAC							
Street Address 2030 Tremont Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check						
City Columbus		State OH		Zip Code 43221		M 0		D 9		Y 2 4 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 **\$1,390.00**

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