

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 John Mashburn** | | | | | | Registration Number, if PAC | |
| Street Address 518 Main St. | | | Employer/Occupation/Labor Organization* Attorney | | | Form (Cash, Check, etc.) Check | |
| City Groveport | | State OH | Zip Code 43125 | M 0 | D 6 | Y 1 9 0 8 | Amount \$200.00 |
| Full Name of Contributor John D. Moore | | | | | | Registration Number, if PAC | |
| Street Address 3119 Chelford Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43219 | M 0 | D 6 | Y 1 9 0 8 | Amount \$100.00 |
| Full Name of Contributor Francine E. Moore | | | | | | Registration Number, if PAC | |
| Street Address 3119 Chelford Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43219 | M 0 | D 6 | Y 1 9 0 8 | Amount \$100.00 |
| Full Name of Contributor Anta Fall Sow | | | | | | Registration Number, if PAC | |
| Street Address 647 Amy Lu Ct. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Westerville | | State OH | Zip Code 43082 | M 0 | D 6 | Y 1 9 0 8 | Amount \$200.00 |
| Full Name of Contributor Shronne Williams | | | | | | Registration Number, if PAC | |
| Street Address 2581 Sougins Cr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43224 | M 0 | D 6 | Y 1 9 0 8 | Amount \$250.00 |
| Full Name of Contributor Hillard M. Abrams | | | | | | Registration Number, if PAC | |
| Street Address 2741 Fair Ave. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43209 | M 0 | D 6 | Y 1 9 0 8 | Amount \$300.00 |
| Full Name of Contributor James Andrioff | | | | | | Registration Number, if PAC | |
| Street Address 22 E. Gay St., Ste. 400 | | | Employer/Occupation/Labor Organization* Attorney | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43215 | M 0 | D 6 | Y 1 9 0 8 | Amount \$100.00 |
| Full Name of Contributor George J. Arnold | | | | | | Registration Number, if PAC | |
| Street Address 6020 Dale Ave. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43209 | M 0 | D 6 | Y 1 9 0 8 | 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 **\$1,400.00**

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