

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 Wayne A. Jenkins, Esq.							Registration Number, if PAC					
Street Address 175 S. Third St., 10th Fl.				Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43215		M 0		D 1		Y 0 2 0 8		Amount \$100.00
Full Name of Contributor The Seckel Appraisal Group							Registration Number, if PAC					
Street Address 210 S. Ardmore Rd.				Employer/Occupation/Labor Organization* Appraiser			Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43209		M 0		D 1		Y 0 7 0 8		Amount \$300.00
Full Name of Contributor Davidee Doss							Registration Number, if PAC					
Street Address 4466 Middle Aspinwall				Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Money Order					
City New Albany		State OH		Zip Code 43054		M 0		D 1		Y 2 9 0 8		Amount \$500.00
Full Name of Contributor Bradley J. Doss							Registration Number, if PAC					
Street Address 4466 Middle Aspinwall				Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Money Order					
City New Albany		State OH		Zip Code 43054		M 0		D 1		Y 2 9 0 8		Amount \$500.00
Full Name of Contributor Franklin County Forum							Registration Number, if PAC					
Street Address 2201 Riverside Drive				Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43221		M 0		D 2		Y 0 1 0 8		Amount \$25.00
Full Name of Contributor Anthony F. Mollica							Registration Number, if PAC					
Street Address Box 20326, 1601 Bethel Rd.				Employer/Occupation/Labor Organization* Appraiser			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43220		M 0		D 2		Y 0 8 0 8		Amount \$100.00
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co., L.P.A.							Registration Number, if PAC CP-1058					
Street Address 300 Spruce Street				Employer/Occupation/Labor Organization* PAC			Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43215		M 0		D 2		Y 1 1 0 8		Amount \$2,500.00
Full Name of Contributor H. Lee Thompson, Esq.							Registration Number, if PAC					
Street Address 85 East Gay Street, Suite 810				Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check					
City Columbus		State OH		Zip Code 43215		M 0		D 2		Y 1 1 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 **\$4,175.00**