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## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Judge Lawrence A. Belskis Commi	ttee				
Full Name of Contributor			Registration Number, if I	Registration Number, if PAC	
Paul O. Scott, Esq.					
Street Address		pation/Labor Organization*		Form (Cash, Check, etc.)	
1220 Carron dr.	self-employed			Check	
City Columbus	State OH	Zip Code 43220	1 2 0 3 0 7	Amount \$500.00	
Full Name of Contributor			Registration Number, if I	PAC	
James A. Saad, LLC, Esq.			<u> </u>		
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
229 Huber Village Blvd. Ste. 130	L	self-employed		Check	
City	State	Zip Code	M D Y	Amount	
Westerville	OH	43081	1 2 0 4 0 7	\$200.00	
Full Name of Contributor Charles R. Saxbe, Esq.			Registration Number, if F	Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
2226 Bryden Rd.		Wilcox & Saxbe, LLP		Check	
City	State	Zip Code	M D Y	Amount	
Columbus	ОН	43209	1 2 0 6 0 7	\$500.00	
Il Name of Contributor  Dr. Michael J. Blake  Registration Number, if PAC				AC.	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
5639 Warner Park Dr.	' '	F		Check	
City	State	Zip Code	M D Y	Amount	
Westerville	OH	43081	1 2 0 7 9 7	\$500.00	
Full Name of Contributor Fifth Third Bancorp PAC			Registration Number, if F	Registration Number, if PAC C00290502	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
3886 North High St.		pation Davor Organization		Check	
City	State	Zip Code	M D Y	Amount	
Columbus	OH	43214	1 2 1 0 0 7	\$600.00	
Full Name of Contributor			Registration Number, if P	AC	
Edwin L. Malek, Esq.				ł	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
1227 South High St.	Malek & M			Check	
City	State	Zip Code	M D Y	Amount	
Columbus	OH	43206	121307	\$175.00	
Full Name of Contributor		<u></u>	Registration Number, if P	AC	
Fred J. Milligan, Esq.					
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
483 Dempsey Rd.	self employed			Check	
City	State	Zip Code	M D Y	Amount	
Westerville	OH	43081	122107	\$100.00	
Full Name of Contributor			Registration Number, if P	AC	
Patti L. Denney, Esq.					
Street Address	Employer/Occup	Employer/Occupation/Labor Organization			
1387 Portage Dr.	self employed			Check	
City	State	Zip Code	M D Y	Amount	
Columbus	OH	43235	1 2 2 8 0 7	\$100.00	

<sup>\*</sup> 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)]

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