

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 Linnea T. Blanchard							Registration Number, if PAC		
Street Address 30510 Elbern Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 6	
						Y 3		Amount \$100.00	
Full Name of Contributor John A. Brandt							Registration Number, if PAC		
Street Address 5187 Smothers Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State OH		Zip Code 43081		M 0		D 6	
						Y 3		Amount \$25.00	
Full Name of Contributor Stacey E. Myers							Registration Number, if PAC		
Street Address 584 Eastmoor Blvd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 6	
						Y 3		Amount \$50.00	
Full Name of Contributor Kenneth Yee							Registration Number, if PAC		
Street Address 407 Westland Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 6	
						Y 3		Amount \$200.00	
Full Name of Contributor Barbara L. Bringardner							Registration Number, if PAC		
Street Address 187 S. Broadleigh Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 6	
						Y 3		Amount \$250.00	
Full Name of Contributor Edward J. Hauenstein							Registration Number, if PAC		
Street Address 2926 E. Mound St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 6	
						Y 3		Amount \$75.00	
Full Name of Contributor Mary C. Myers							Registration Number, if PAC		
Street Address 2463 Bexley Park				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Bexley		State OH		Zip Code 43209		M 0		D 6	
						Y 3		Amount \$200.00	
Full Name of Contributor George J. Arnold							Registration Number, if PAC		
Street Address 3020 Dale Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 6	
						Y 3		Amount \$100.00	

* 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 **\$1,000.00**

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