

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 Franz A. Geiger						Registration Number, if PAC	
Street Address 7447 Alpath Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$75.00
Full Name of Contributor Elaine Goodman						Registration Number, if PAC	
Street Address 7482 King George Dr.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor Ryan A. Gordon						Registration Number, if PAC	
Street Address 4921 McPartlan Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43221	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor D. Charles Greiner						Registration Number, if PAC	
Street Address 3960 Farber Ct.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor S. Brooke Hickman**						Registration Number, if PAC	
Street Address 151 Macenroe Drive			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check	
City Blacklick		State OH	Zip Code 43004	M 1	D 0	Y 0	Amount \$50.00
Full Name of Contributor Laurie A. Houdek Hill						Registration Number, if PAC	
Street Address 7 Wiveliscombe			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00
Full Name of Contributor Linda Schwan Hondros						Registration Number, if PAC	
Street Address 7228 Greensward Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany		State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$500.00
Full Name of Contributor Jerry D. Jordan						Registration Number, if PAC	
Street Address 795 Old Woods Rd.			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43235	M 1	D 0	Y 0	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 **\$1,525.00**

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