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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 Dennis R. Newman			Registration Number, if PAC			
Street Address	Employer/Occupat	ion/Labor Organization*	<u> </u>	AND THE PERSON NAMED IN	***************************************	Form (Cash, Check, etc.)
250 East Broad St.	Attorney/Isaac, Brant, Ledman & Teeto			LP		Check
City Columbus	State OH	Zip Code 43215	0 6 1	D 9	у 0 8	Amount \$333.00
Full Name of Contributor Registration Number, if PA					vC	
Porter, Wright, Morris & Arthur, LLP						Terromanna masiministi editamista masa estatua masa estatua editamista editam
Street Address 41 South High St.	1	Employer/Occupation/Labor Organization* Law Firm				Form (Cash, Check, etc.) Check
City	State Zip Code M D Y				Y	Amount
Columbus	OH	43215	0 6 1	9	8 0	\$500.00
Name of Contributor .E. Schmidt, III			Registration Number, if PAC			
Street Address 95 South Parkview Ave.	Employer/Occupat	ion/Labor Organization*	Besterosanonario			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	0 6	^D 1 9	0 8	Amount \$200.00
Full Name of Contributor Registration Number, if Lee M. Smith				ber, if PA	AC	
Street Address	Employer/Occupat	ion/Labor Organization*		***************************************		Form (Cash, Check, etc.)
929 Harrison Ave., Ste. 300	0.3	7' 0.1.	1 1/4	D	Lvi	Check Amount
City Columbus	State OH	Zip Code 43215	0 6 1	D 9	0 8	\$100.00
Full Name of Contributor Maguire and Schneider, LLP Registration Number, if PAC						
Street Address	Employer/Occupat	tion/Labor Organization*	- American	***************************************	- Comment Dockers	Form (Cash, Check, etc.)
250 Civic Center Dr., Ste. 500		In a	T 52 T	~	1 ,;	Check
City Columbus	State OH	Zip Code 43215	0 ^M 6	1 9	0 8	Amount \$1,000.00
Name of Contributor Registration Number, if Proceedings of Contributor Connie Jean Malenick					AC	
Street Address	Employer/Occupat	tion/Labor Organization*	-		nei nióm mosema	Form (Cash, Check, etc.)
4461 Wayside Dr.			T . 3 T		1	Check
City Naples	State FL	Zip Code 34119	0 6 2	D 2 4	0 ^Y 8	Amount \$500.00
Full Name of Contributor Registration Number, if P Gregg M. Hamilton					A.C.	
Street Address 2426 Dover Rd.	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	м 0 6 2	D 2 4	o 8	Amount \$100.00
Full Name of Contributor James E. Savage Registration Number, if P.					ĀC	
Street Address	Employer/Occupa	tion/Labor Organization*	- Emmonson		<u> </u>	Form (Cash, Check, etc.)
1624 Clara St.		In: O	1 1	-	TSF	Check
City Columbus	State OH	Zip Code 43211	0 6	D 2 5	0 8	Amount \$1 00.00

Page Total \$2,833.00

^{*} 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)]