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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 Carole H. Schuller				AC
Street Address 2567 Onandaga Dr.	Employer/Occu	pation/Labor Organization*	***************************************	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43221	1 0 1 6 0 8	Amount \$100.00
Full Name of Contributor Registration Number, if PAC Ron Guzzo				
Street Address P.O. Box 783	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
^{City} New Albany	State OH	Zip Code 43054	1 0 1 6 0 8	Amount \$50.00
Full Name of Contributor John J. Montgomery			Registration Number, if PAC	
Street Address 11207 N. High St.	Employer/Occup	pation/Labor Organization*	Execute any account of the second of the sec	Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43201	1 0 1 6 0 8	Amount \$200.00
Full Name of Contributor Marcia L. Meckler**				
Street Address 2369 East Main St.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	1 0 1 6 0 8	Amount \$200.00
Full Name of Contributor Loann W. Crane				
Street Address One Miranova Place, Ste. 515	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 1 6 0 8	Amount \$500.00
Full Name of Contributor Laurence G. Ruben			Registration Number, if F	AC
Street Address 140 S. Columbia Ave.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	1 0 1 6 0 8	Amount \$250.00
Full Name of Contributor Rosemary Ebner Pomeroy			Registration Number, if F	
Street Address 200 East Campus View Blvd., Ste. 200	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43235	1 0 1 6 0 8	Amount \$150.00
Full Name of Contributor Registration Number, if PA William A. Morse				PAC
Street Address 280 W. New England Ave.	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43085	1 0 1 6 0 8	Amount \$250.00

Page Total \$1,700.00

^{*} 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)]