

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 James Wiles**						Registration Number, if PAC			
Street Address 2201 Yorkshire Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43221		M 0	D 5	Y 0	Amount \$500.00
Full Name of Contributor Tim Achatz						Registration Number, if PAC			
Street Address 1710 Grenoble Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH		Zip Code 43221		M 0	D 5	Y 0	Amount \$200.00
Full Name of Contributor Roberta A. Ruch						Registration Number, if PAC			
Street Address 46 N. Parkview Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43209		M 0	D 5	Y 0	Amount \$250.00
Full Name of Contributor William S. Fein						Registration Number, if PAC			
Street Address 429 Westland Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bexley		State OH		Zip Code 43209		M 0	D 5	Y 0	Amount \$400.00
Full Name of Contributor Anne K. Jeffrey						Registration Number, if PAC			
Street Address 296 Ashbourne Pl.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43209		M 0	D 5	Y 0	Amount \$500.00
Full Name of Contributor M.D. Jeffrey						Registration Number, if PAC			
Street Address 303 N. Parkview Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43209		M 0	D 6	Y 0	Amount \$500.00
Full Name of Contributor Kathy L. Schlemitz						Registration Number, if PAC			
Street Address 5502 Heatherwood Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH		Zip Code 43017		M 0	D 6	Y 0	Amount \$300.00
Full Name of Contributor Robert H. Jeffrey						Registration Number, if PAC			
Street Address 296 Ashbourne P.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43209		M 0	D 6	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 **\$3,150.00**

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