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## **Statement of Contributions Received**

Prescribed by Secretary of State 03/05

Name of Committee in Full Judge Lawrence A. Belskis Comr	nittee				
Full Name of Contributor Saia & Piatt, P.L.L.			Registration Number, if P	Registration Number, if PAC	
Street Address				Form (Cash, Check, etc.)	
713 South Front St.	Employer/Occupation/Labor Organization*  Law Firm			Check	
City Columbus	State OH	Zip Code 43206	1 1 2 9 0 7	Amount \$250.00	
Full Name of Contributor Scott Wilson Schiff, Esq.			Registration Number, if P	AC	
Street Address 88 W. Main St.	Employer/Occupation/Labor Organization* Self-employed			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M D Y 1 1 2 9 0 7	Amount \$300.00	
Full Name of Contributor			Registration Number, if P	Registration Number, if PAC	
Leslie B. Swinford, Esq.					
Street Address 2448 Sherwood Rd.	Employer/Occupation/Labor Organization* Merullo, Reister & Swinford Co., LP		Co., LPA	Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	1 1 2 9 0 7	Amount \$300.00	
Full Name of Contributor  Margaret A. Hambleton**	ıbleton**			Registration Number, if PAC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
2445 haverford Rd.	1	on, Inc./Appraiser	M D Y	Check Amount	
Columbus	OH	43220	1 1 3 0 0 7	\$150.00	
Full Name of Contributor Orin E. Morris**			Registration Number, if F	AC	
Street Address		pation/Labor Organization*		Form (Cash, Check, etc.)	
111 Riverview Park Drive	self-emplo	yed/appraiser  Zip Code	M D Yi	Check	
Columbus	OH	43214	1 1 3 0 0 7	\$500.00	
Full Name of Contributor Michael J. Rourke, Esq.			Registration Number, if P	AC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
495 S. High St., Ste. 450	Rourke & Blumenthal, LLP			Check	
City Columbus	State OH	Zip Code 43215	1 1 3 0 0 7	Amount \$500.00	
Full Name of Contributor			Registration Number, if P	AC	
Jane Grimm Minton					
Street Address 617 Hartford St.	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	M D Y 1 2 0 3 0 7	Amount \$300.00	
Full Name of Contributor Ginny Reagan**	·		Registration Number, if F	AC	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
829 Maclam Dr.	self-emplo	yed/appraiser		Check	
City Columbus	State OH	Zip Code 43204	M D Y 1 2 0 3 0 7	Amount \$300.00	

<sup>\*</sup> 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)]

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