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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Judge Lawrence A. Belskis Commi	ittee			e diversities de caracteristic de constitución de conferencia de constitución de constitución de constitución d
Full Name of Contributor David P. Lauer			Registration Number, if PAC	
Street Address 5386 Dunniker Park Drive	Employer/Occu	pation/Labor Organization*	i de la completa del la completa de la completa del la completa de la completa del la completa de la completa de la completa del la completa de la completa del la	Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	0 9 3 0 0 8	Amount \$200.00
Full Name of Contributor William S. Williams	useum kan manan manan kan manan man		Registration Number, if F	AC
Street Address 275 Stanberry Avenue	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Bexley	State OH	Zip Code 43209	0 9 3 0 0 8	Amount \$250.00
I Name of Contributor Glenn L. Weber			Registration Number, if PAC	
Street Address 5000 Riverside Dr.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43220	0 9 3 0 0 8	Amount \$500.00
Full Name of Contributor George Byers, III			Registration Number, if I	PAC
Street Address 555 W. Broad St.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	0 9 3 0 0 8	Amount \$500.00
Full Name of Contributor John R. Belz			Registration Number, if I	PAC
Street Address 306 Tuscany Court	Employer/Occu	npation/Labor Organization*	Beneditivo con Charles con accessor and an executive con	Form (Cash, Check, etc.) Check
^{City} Ridgeland	State MS	Zip Code 39157	$\begin{bmatrix} 0 & 9 & 3 & 0 & 0 \end{bmatrix}$	Amount \$25.00
Full Name of Contributor Jeffrey R. Loehnis			Registration Number, if l	PAC
Street Address 5025 Arlington Centre Blvd., Ste. 300	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43220	0 9 3 0 0 8	Amount \$500.00
Full Name of Contributor Registration Number, if Harris, McClellan, Binau & Cox				PAC
Street Address 37 West Broad St., Ste. 950	Employer/Occupation/Labor Organization* Law Firm		Sometime control and the second and	Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43220	0 9 3 0 0 8	Amount \$200.00
Full Name of Contributor R.D. Walter			Registration Number, if	PAC
Street Address 330 W. Spring St. Ste. 400	Employer/Occu	upation/Labor Organization*	— Франция на ученира принципричения на постана на на населения на	Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43215	0 9 3 0 0 8	Amount \$500.00

Page Total \$2,675.00

^{*} 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)]