Statement of Contributions Received

Page 6

Prescribed by Secretary of State 03/05

		-		
Name of Committee in Full Judge Lawrence A. Belskis Comm	nittee	A STOCK AND		
Full Name of Contributor Bruce Soll			Registration Number, if P	AC
Street Address 141 S. Drexel Ave.	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.) Check
City Bexley	State OH	Zip Code 43209	1 0 2 8 0 8	Amount \$500.00
Full Name of Contributor Ginni D. Ragan			Registration Number, if F	
Street Address 546 Westbury Woods Ct.		pation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Westerville	State OH	Zip Code 43081	1 ^M 0 2 8 0 8	Amount \$500.00
Full Name of Contributor Robert J. Behal	-		Registration Number, if F	PAC
Street Address 501 S. High St.	Employer/Occi	ipation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43215	1 0 2 8 0 8	Amount \$200.00
Full Name of Contributor Artz & Dewhirst, LLP			Registration Number, if F	
Street Address 560 E. Town St.	Employer/Occu	ipation/Labor Organization*	The state of the s	Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43215	1 0 2 8 0 8	Amount \$250.00
Full Name of Contributor Lane Alton & Horst, LLC			Registration Number, if I	PAC
Street Address 175 South Third St.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43215	1 0 2 8 0 8	
Full Name of Contributor Franklin County Republican Party			Registration Number, if I	PAC
Street Address 14 E. Gay St., 2nd Fl.	Employer/Occu	ipation/Labor Organization*	Section and the section of the secti	Form (Cash, Check, etc.) Check
^{City} Columbus	State OH	Zip Code 43215	1 0 2 8 0 8	
Full Name of Contributor Dianne M. Hoover			Registration Number, if PAC	
Street Address 6174 Maxton Place	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
^{City} Worthington	State OH	Zip Code 43085	1 0 2 9 0 8	
Full Name of Contributor H.C. Bland, III**			Registration Number, if I	
Street Address 290 Eastmoor Blvd.	Employer/Occi	ipation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	1 0 2 9 0 8	Amount \$75.00

Page Total \$6,125.00

^{*} 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)]