

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 Anita H. Travis					Registration Number, if PAC		
Street Address 3314 Scioutangy Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43221	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Brian J. Walsh					Registration Number, if PAC		
Street Address 7657 Aspinwall South		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor Christopher B. Ward					Registration Number, if PAC		
Street Address 2622 Hoover Crossing		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 0	Amount \$500.00	
Full Name of Contributor Holly Ackley Wittman					Registration Number, if PAC		
Street Address 3383 Mann Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Blacklick	State OH	Zip Code 43004	M 1	D 0	Y 0	Amount \$250.00	
Full Name of Contributor Joe Belinky					Registration Number, if PAC		
Street Address 112 S. Roosevelt Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 1	D 0	Y 0	Amount \$200.00	
Full Name of Contributor Frank S. Benson, III					Registration Number, if PAC		
Street Address 191 W. Nationwide Blvd., Ste. 200		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 0	Amount \$50.00	
Full Name of Contributor Mike Carr					Registration Number, if PAC		
Street Address P.O. Box 451		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00	
Full Name of Contributor John G. Hondros					Registration Number, if PAC		
Street Address 7228 Greensward Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 1	D 0	Y 0	Amount \$100.00	

* 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 **\$1,400.00**

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