

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 Dirken T. Voelker						Registration Number, if PAC				
Street Address 1620 W. 1st Ave.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check				
City Columbus		State OH	Zip Code 43212		M 0		D 9		Y 3 0 0 8	
						Amount \$50.00				
Full Name of Contributor Steve A. Miller						Registration Number, if PAC				
Street Address 6444 Darling Road			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check				
City Blacklick		State OH	Zip Code 43004		M 0		D 9		Y 3 0 0 8	
						Amount \$100.00				
Full Name of Contributor Allison J. Crites						Registration Number, if PAC				
Street Address 845 N. High St., Unit 309			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check				
City Columbus		State OH	Zip Code 43215		M 0		D 9		Y 3 0 0 8	
						Amount \$50.00				
Full Name of Contributor Barbara E. Barnes						Registration Number, if PAC				
Street Address 4077 Delancy Park Drive			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check				
City Dublin		State OH	Zip Code 43016		M 0		D 9		Y 3 0 0 8	
						Amount \$100.00				
Full Name of Contributor R. Lamont Kaiser						Registration Number, if PAC				
Street Address 15 Woodland Ave.			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check				
City Delaware		State OH	Zip Code 43015		M 0		D 9		Y 3 0 0 8	
						Amount \$100.00				
Full Name of Contributor Shelley R. Radcliffe						Registration Number, if PAC				
Street Address 5967 Whittingham Drive			Employer/Occupation/Labor Organization* 			Form (Cash, Check, etc.) Check				
City Dublin		State OH	Zip Code 43017		M 0		D 9		Y 3 0 0 8	
						Amount \$100.00				
Full Name of Contributor William T. Bonham						Registration Number, if PAC				
Street Address 107 W. Johnstown Rd.			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check				
City Gahanna		State OH	Zip Code 43230		M 0		D 9		Y 3 0 0 8	
						Amount \$100.00				
Full Name of Contributor Elaine S. Buck						Registration Number, if PAC				
Street Address 1570 Fishinger Road, Ste. 200			Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check				
City Upper Arlington		State OH	Zip Code 43221		M 0		D 9		Y 3 0 0 8	
						Amount \$50.00				

* 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 **\$650.00**

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