

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 Carol O. Ray							Registration Number, if PAC		
Street Address 2030 Tremont Road				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 2		Amount \$500.00	
						Y 4			
						Y 0			
						Y 8			
Full Name of Contributor Edward F. Whipps							Registration Number, if PAC		
Street Address 51 Highland Court				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Pataskala		State OH		Zip Code 43062		M 0		D 9	
						Y 2		Amount \$150.00	
						Y 4			
						Y 0			
						Y 8			
Full Name of Contributor Lori Ann Onega							Registration Number, if PAC		
Street Address 2472 Colts Neck Road				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Blacklick		State OH		Zip Code 43004		M 0		D 9	
						Y 2		Amount \$150.00	
						Y 4			
						Y 0			
						Y 8			
Full Name of Contributor Richard L. Loveland							Registration Number, if PAC		
Street Address 50 W. Broad St., Ste. 3300				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 2		Amount \$150.00	
						Y 4			
						Y 0			
						Y 8			
Full Name of Contributor Michael P. Mahoney							Registration Number, if PAC		
Street Address 5170 Chevy Chase Ct.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 2		Amount \$150.00	
						Y 4			
						Y 0			
						Y 8			
Full Name of Contributor Gavin R. Larrimer							Registration Number, if PAC		
Street Address 2030 Alladdin Woods Ct.				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43212		M 0		D 9	
						Y 2		Amount \$200.00	
						Y 4			
						Y 0			
						Y 8			
Full Name of Contributor Paul K. Hemmer							Registration Number, if PAC		
Street Address 895 Retreat lane				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Powell		State OH		Zip Code 43065		M 0		D 9	
						Y 2		Amount \$150.00	
						Y 4			
						Y 0			
						Y 8			
Full Name of Contributor Stanley B. Dritz							Registration Number, if PAC		
Street Address 50 W. Broad St., Ste. 2200				Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 2		Amount \$200.00	
						Y 4			
						Y 0			
						Y 8			

* 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 **\$1,650.00**

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