Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Judge Lawrence A. Belskis Commi	ittee			
Full Name of Contributor			Registration Number, if PAC OH843	
Chester, Willcox & Saxbe			UH043	Form (Cash, Check, etc.)
Street Address 65 E. State St., Ste. 1000	Employer/Occupation/Labor Organization* Law Firm			Check
City Columbus	State OH	Zip Code 43215	1 1 2 7 0 7	Amount \$1,000.00
Full Name of Contributor			Registration Number, if I	PAC
William Lane, Esq.				
Street Address 175 South Third St.	Employer/Occupation/Labor Organization* Lane, Alton & Horst, LLC			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 1 2 7 0 7	Amount \$300.00
Full Name of Contributor Russell E. Lamm, Esq.			Registration Number, if PAC	
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
3368 Olentangy River Road	self-emp	loyed	M D V	Check Amount
City Columbus	State OH	Zip Code 43202	$\begin{bmatrix} 1 & 1 & 2 & 7 & 0 \end{bmatrix}$	\$300.00
Full Name of Contributor Stanely B. Dritz, Esq.			Registration Number, if	
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
50 W. Broad St., Ste. 2200	self-emp			Check
City Columbus	State OH	Zip Code 43215	1 1 2 7 0 7	Amount \$300.00
Full Name of Contributor Bricker & Eckler, LLP			Registration Number, if PAC OH821	
Street Address		upation/Labor Organization*		Form (Cash, Check, etc.)
100 S. Third St.	Law Firm			Check
City Columbus	State OH	Zip Code 43215	$\begin{bmatrix} 1 \\ 1 \end{bmatrix} \begin{bmatrix} 2 \\ 7 \end{bmatrix} \begin{bmatrix} 0 \\ 7 \end{bmatrix}$	Amount \$2,500.00
Full Name of Contributor S. Brewster Randall, Esq.**			Registration Number, if PAC	
Street Address	Employer/Occ	upation/Labor Organization*		Form (Cash, Check, etc.)
2201 Riverside Dr.	Kincaid, I	Randall & Craine		Check
City Columbus	State OH	Zip Code 43221	1 1 2 7 0 7	Amount \$600.00
Full Name of Contributor			Registration Number, if	PAC
James B. Albers, Esq.				70 1 0 1 1
Street Address	Employer/Occupation/Labor Organization Albers & Albers			Form (Cash, Check, etc.) Check
88 N. Fifth St.		Zip Code	M D Y	Amount
City Columbus	State OH	43215	1 1 2 7 0 7	\$300.00
Full Name of Contributor Richard L. Dimond, Esq.			Registration Number, if	
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
601 S. High St.	self-employed			Check
City Columbus	State OH	Zip Code 43215	$\begin{bmatrix} \mathbf{M} & \mathbf{D} & \mathbf{Y} \\ 1 & 1 & 2 & 7 & 0 \end{bmatrix}$	Amount 7 \$500.00

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

Page Total \$5,800.00

^{*} 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)]