

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 Edgar W. Ingram, III							Registration Number, if PAC		
Street Address 555 W. Goodale St.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 2		Amount \$250.00	
Full Name of Contributor Richard B. Germain							Registration Number, if PAC		
Street Address 4740 Riverside Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43220		M 0		D 9	
						Y 2		Amount \$500.00	
Full Name of Contributor M. Cameron Mitchell							Registration Number, if PAC		
Street Address 2000 Tremont Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43212		M 0		D 9	
						Y 2		Amount \$250.00	
Full Name of Contributor J. Wm. Uttley, III							Registration Number, if PAC		
Street Address 4177 Stoneroot Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Hilliard		State OH		Zip Code 43026		M 0		D 9	
						Y 3		Amount \$500.00	
Full Name of Contributor M. Jebb Linch							Registration Number, if PAC		
Street Address 483 Dempsey Rd.				Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Westerville		State OH		Zip Code 43081		M 0		D 9	
						Y 3		Amount \$50.00	
Full Name of Contributor Christopher Mohr							Registration Number, if PAC		
Street Address 6509 Ballantrae Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43016		M 0		D 9	
						Y 3		Amount \$50.00	
Full Name of Contributor Jeffrey M. Powell							Registration Number, if PAC		
Street Address 3461 E. Orange Rd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Lewis Center		State OH		Zip Code 43035		M 0		D 9	
						Y 3		Amount \$100.00	
Full Name of Contributor Susan P. Bringardner							Registration Number, if PAC		
Street Address 4836 Lytfield Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43017		M 0		D 9	
						Y 3		Amount \$500.00	

* 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 **\$2,200.00**

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