

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 Joyce B. Morison						Registration Number, if PAC			
Street Address 2572 Brentwood Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 0	D 9	Y 0	Amount \$100.00	
Full Name of Contributor Daniel J. Hoffheimer						Registration Number, if PAC			
Street Address One Forest Hill Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Cincinnati		State OH	Zip Code 45208		M 0	D 9	Y 0	Amount \$50.00	
Full Name of Contributor J. Macalpine Smith						Registration Number, if PAC			
Street Address 717 E. Columbus Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bellefontaine		State OH	Zip Code 43311		M 0	D 9	Y 0	Amount \$100.00	
Full Name of Contributor Grove City Obstetrics & Gynecology, Inc.						Registration Number, if PAC			
Street Address 22399 Old Stringtown Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Grove City		State OH	Zip Code 43123		M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor Law Offices of Kolb and Zigray						Registration Number, if PAC			
Street Address 405 Madison Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Toledo		State OH	Zip Code 43604		M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor Martin D. Gelender						Registration Number, if PAC			
Street Address 531 Whitney Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Worthington		State OH	Zip Code 43085		M 0	D 9	Y 1	Amount \$250.00	
Full Name of Contributor Rebecca H. Dent						Registration Number, if PAC			
Street Address 62615 Creekside Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pepper Pike		State OH	Zip Code 44124		M 0	D 9	Y 1	Amount \$100.00	
Full Name of Contributor J. Donald Cairns						Registration Number, if PAC			
Street Address 10200 Lake Shore Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bratenahl		State OH	Zip Code 44108		M 0	D 9	Y 1	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 **\$900.00**

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