Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Judge Lawrence A. Belskis C	Committee	Approximately and the second s			
Full Name of Contributor Stephen L. Simendinger			Registration Number, if P.	AC	
Street Address 3241 Bridgeknoll Ct.	Employer/Occu	ipation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Cincinnati	State OH	Zip Code 45248	1 0 2 9 0 8	Amount \$300.00	
Full Name of Contributor The Seckel Appraisal Group**	Australia de la composiçõe de la composi		Registration Number, if P.	AC	
Street Address 210 S. Ardmore Rd.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	1 0 2 9 0 8	Amount \$500.00	
Full Name of Contributor Duke Duren				Registration Number, if PAC	
Street Address 6148 Inverurie Dr. E.	Employer/Occu	npation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	1 0 2 9 0 8	1	
Full Name of Contributor Ashland, Inc.			Registration Number, if P CP119		
Street Address 5200 Blazer Parkway	Employer/Occu	pation/Labor Organization*	Control Mark School Street Control S	Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	1 0 2 9 0 8	Amount \$300.00	
Full Name of Contributor Angela M. Klausman		and the second	Registration Number, if P	AC	
Street Address 5627 Tynecastle Loop	Employer/Occu	pation/Labor Organization*	Enterprise of the Control of the Con	Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	1 0 2 9 0 8	Amount \$250.00	
Full Name of Contributor Douglas G. Borror Registration Number, if I				PAC .	
Street Address 5500 Dublin Rd.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
^{City} Dublin	State OH	Zip Code 43017	1 0 2 9 0 8	Amount \$500.00	
Full Name of Contributor Registration Number, John S. Wiseman					
Street Address 2362 Abington Rd.	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Upper Arlington	State OH	Zip Code 43221	1 0 2 9 0 8	Amount \$150.00	
Full Name of Contributor Barbara L. Bringardner			Registration Number, if I		
Street Address 187 S. Broadleigh Rd.	Employer/Occu	upation/Labor Organization*	Commence	Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	1 0 2 9 0 8	Amount \$250.00	

Page Total \$2,750.00

^{*} 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)]