

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 Jack G. Gibbs, Jr.					Registration Number, if PAC		
Street Address 3855 McDannald DR.		Employer/Occupation/Labor Organization* Attorney			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 7	Y 0	Amount \$200.00	
Full Name of Contributor Michael P. Paul					Registration Number, if PAC		
Street Address 171 South Columbia Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 7	Y 0	Amount \$250.00	
Full Name of Contributor Jameson Crane					Registration Number, if PAC		
Street Address 299 N. Parkview		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43209	M 0	D 7	Y 0	Amount \$100.00	
Full Name of Contributor Kegler, Brown, Hill & Ritter, PAC					Registration Number, if PAC CP648		
Street Address 65 E. State St., Ste. 1800		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 7	Y 0	Amount \$1,000.00	
Full Name of Contributor Constance R. Page					Registration Number, if PAC		
Street Address 5769 Bastille Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43213	M 0	D 7	Y 1	Amount \$50.00	
Full Name of Contributor Lillian Acker					Registration Number, if PAC		
Street Address 1081 Arcaro Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230	M 0	D 7	Y 1	Amount \$500.00	
Full Name of Contributor Rosemary Hardgrove					Registration Number, if PAC		
Street Address 10100 Beckford St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pickerington	State OH	Zip Code 43147	M 0	D 7	Y 2	Amount \$250.00	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

* 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 **\$2,350.00**

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