

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 James H. Balthaser						Registration Number, if PAC			
Street Address 7679 Cook Rd.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Powell		State OH	Zip Code 43065		M 0	D 9	Y 1	Y 1	Amount \$100.00
Full Name of Contributor Sally H. Hoffman						Registration Number, if PAC			
Street Address 2600 Crooked Mile Rd.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 9	Y 1	Y 1	Amount \$50.00
Full Name of Contributor Richard J. Solove						Registration Number, if PAC			
Street Address 7000 Greensward Road			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City New Albany		State OH	Zip Code 43054		M 0	D 9	Y 1	Y 5	Amount \$500.00
Full Name of Contributor Lila A. Weiler						Registration Number, if PAC			
Street Address 601 S. Kellner Rd.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 0	D 9	Y 1	Y 5	Amount \$500.00
Full Name of Contributor Ann C. Wolfe						Registration Number, if PAC			
Street Address 766 Bluffview Drive			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 9	Y 1	Y 5	Amount \$500.00
Full Name of Contributor William C. Wolfe, Jr.						Registration Number, if PAC			
Street Address 766 Bluffview Drive			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 9	Y 1	Y 5	Amount \$500.00
Full Name of Contributor Ladonna J. Cary-Solove						Registration Number, if PAC			
Street Address 7000 Greensward Rd.			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City New Albany		State OH	Zip Code 43054		M 0	D 9	Y 1	Y 5	Amount \$500.00
Full Name of Contributor Richard A. Lundy						Registration Number, if PAC			
Street Address 3429 Foxcroft Drive			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Lewis Center		State OH	Zip Code 43035		M 0	D 9	Y 1	Y 5	Amount \$150.00

* 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 **\$2,800.00**

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