Page 38

## **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 Dr. Naomi F. Wriston			Registration Number, if PAC	
Street Address 392 Mead Crest Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
<sup>City</sup> Westerville	State OH	Zip Code 43082	1 0 0 1 0 8	Amount \$300.00
Full Name of Contributor Registration Number, if P. Richard S. Donahey				AC
Street Address 495 S. High St., Ste. 100	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
<sup>City</sup> Columbus	State OH	Zip Code 43215	1 0 0 1 0 8	Amount \$300.00
Full Name of Contributor  Bob Mirfendereski  Registration Number, if PA				ĀC
Street Address 407 Glenlivet Place	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.) Check
City Powell	State OH	Zip Code 43065	1 0 0 1 0 8	Amount \$250.00
Full Name of Contributor  Roetzel & Andress				
Street Address 222 South Main St.	Employer/Occupat	ion/Labor Organization <sup>*</sup>		Form (Cash, Check, etc.) Check
City Akron	State OH	Zip Code 44308	1 0 0 1 0 8	Amount \$2,000.00
Full Name of Contributor  John F. Curry				
Street Address P.O. Box 1347	Employer/Occupat	ion/Labor Organization*		Form (Cash, Check, etc.) Check
City K. Colony Beach	State FL	Zip Code 33051	1 0 0 2 0 8	Amount \$100.00
Full Name of Contributor  Baker & Hostetler  Registration Number, if P. OH125				ÅC
Street Address 3200 National City Center	Employer/Occupat	ion/Labor Organization*	Burnet externation (Continue) of the much constitution (Continue) of the Continue of the Conti	Form (Cash, Check, etc.) Check
City Cleveland	State OH	Zip Code 44114	1 M 0 0 2 0 8	Amount \$250.00
Full Name of Contributor Registration Number, if P.  Edward M. Segelken				AC
Street Address 1188 Summer Hill Circle	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
<sup>City</sup> Gahanna	State OH	Zip Code 43230	1 0 0 2 0 8	Amount \$200.00
Full Name of Contributor Patti L. Denney				AC
Street Address 1387 Portage Dr.	Employer/Occupat Attorney	ion/Labor Organization*	Salation and the majority and the salation of	Form (Cash, Check, etc.) Check
City Christina M. Gary	State OH	Zip Code 43235	1 0 0 2 0 8	Amount \$100.00

Page Total \$3,500.00

<sup>\*</sup> 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)]