

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 Lynne K. Schoenling							Registration Number, if PAC		
Street Address 300 East Broad St., Ste., 300				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 3		Amount \$50.00	
Full Name of Contributor Robert B. St. Clair							Registration Number, if PAC		
Street Address 580 S. High St., Ste. 200				Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 9	
						Y 3		Amount \$50.00	
Full Name of Contributor Raymond J. Mularski							Registration Number, if PAC		
Street Address 107 W. Johnstown Rd.				Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Gahanna		State OH		Zip Code 43230		M 0		D 9	
						Y 3		Amount \$100.00	
Full Name of Contributor Cheryl H. DeVore							Registration Number, if PAC		
Street Address 5148 Blazer Parkway, Ste. A				Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43017		M 0		D 9	
						Y 3		Amount \$50.00	
Full Name of Contributor James A. Saad							Registration Number, if PAC		
Street Address 229 Huber Village Blvd., Ste. 130				Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Westerville		State OH		Zip Code 43081		M 0		D 9	
						Y 3		Amount \$100.00	
Full Name of Contributor Pamela W. Bridgeport							Registration Number, if PAC		
Street Address 2260 Haviland Rd.				Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Upper Arlington		State OH		Zip Code 43220		M 0		D 9	
						Y 3		Amount \$250.00	
Full Name of Contributor Martha Kumler							Registration Number, if PAC		
Street Address 11270 Lancaster Kirkersville Rd. NW				Employer/Occupation/Labor Organization* 				Form (Cash, Check, etc.) Check	
City Baltimore		State OH		Zip Code 43105		M 0		D 9	
						Y 3		Amount \$100.00	
Full Name of Contributor Joseph H. Yearling							Registration Number, if PAC		
Street Address 1310 Fontaine Drive				Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 9	
						Y 3		Amount \$125.00	

* 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 **\$825.00**

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