

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 Margaret J. Horvath | | | | | | Registration Number, if PAC | |
| Street Address 959 Francis Ave. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43209 | M 1 | D 0 | Y 1008 | Amount \$500.00 |
| Full Name of Contributor David M. Berg | | | | | | Registration Number, if PAC | |
| Street Address 528 Neil Ave. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43215 | M 1 | D 0 | Y 1008 | Amount \$500.00 |
| Full Name of Contributor Jeffrey T. Horvath | | | | | | Registration Number, if PAC | |
| Street Address 553 W. Oakdale Ave., Apt. #310 | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Chicago | | State IL | Zip Code 60657 | M 1 | D 0 | Y 1008 | Amount \$500.00 |
| Full Name of Contributor A. Richard Capretta | | | | | | Registration Number, if PAC | |
| Street Address 7298 Snowberry Lane | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Canal Winchester | | State OH | Zip Code 43110 | M 1 | D 0 | Y 1008 | Amount \$500.00 |
| Full Name of Contributor James B. Albers | | | | | | Registration Number, if PAC | |
| Street Address 88 N. Fifth St. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43215 | M 1 | D 0 | Y 1008 | Amount \$100.00 |
| Full Name of Contributor Bertha Lindheimer | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City | | State OH | Zip Code | M 1 | D 0 | Y 1008 | Amount \$500.00 |
| Full Name of Contributor Edwin L. Malek | | | | | | Registration Number, if PAC | |
| Street Address 1227 South High St. | | | Employer/Occupation/Labor Organization* Attorney | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43206 | M 1 | D 0 | Y 1008 | Amount \$275.00 |
| Full Name of Contributor Kincaid, Randall & Craine | | | | | | Registration Number, if PAC | |
| Street Address 2201 Riverside Dr. | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43221 | M 1 | D 0 | Y 1008 | Amount \$2,000.00 |

* 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)]

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