31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full													
Committee to Elect Donald Schonhardt													
Full Name of Contributor											Registration Number, if PAC		
PAUL S. HUNDLEY													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
7412 COVENTRY WOODS												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DUBLIN	OH	43017	0	2	2	4	1	0				100.00	
Full Name of Contributor											Registration Number, if PAC		
JULIA S. PHELPS													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
6290 POST ROAD												CHECK	
City	State	Zip Code	M		D		Y					Amount	
DUBLIN	OH	43017	0	2	0	1	1	0				200.00	
Full Name of Contributor											Registration Number, if PAC		
ANTHONY J. SLANEC													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
401 FREBIS AVE												CHECK	
City	State	Zip Code	M		D		Y					Amount	
COLUMBUS	OH	43206	0	2	2	4	1	0				50.00	
Full Name of Contributor											Registration Number, if PAC		
JOSEPH A. RIDGEWAY, JR.													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
2700 SHERWOOD RD												CHECK	
City	State	Zip Code	M		D		Y					Amount	
COLUMBUS	OH	43209	0	2	2	4	1	0				100.00	
Full Name of Contributor											Registration Number, if PAC		
KEVIN ADAMS													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
1300 S. COLUMBUS AIRPORT RD												CASH	
City	State	Zip Code	M		D		Y					Amount	
COLUMBUS	OH	43207	0	2	2	4	1	0				100.00	
Full Name of Contributor											Registration Number, if PAC		
BILL OGLESBEE													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
1300 S. COLUMBUS AIRPORT RD												CASH	
City	State	Zip Code	M		D		Y					Amount	
COLUMBUS	OH	43207	0	2	2	4	1	0				100.00	
Full Name of Contributor											Registration Number, if PAC		
CHARLES P. UNTERREINER													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
784 WYNSTONE DR												CHECK	
City	State	Zip Code	M		D		Y					Amount	
LEWIS CENTER	OH	43035	0	2	2	3	1	0				100.00	
Full Name of Contributor											Registration Number, if PAC		
CLYDE C. HADDEN													
Street Address	Employer/Occupation/Labor Organization											Form (Cash, Check, etc.)	
8151 MENTOR AVE												CHECK	
City	State	Zip Code	M		D		Y					Amount	
MENTOR	OH	44060	0	2	2	4	1	0				200.00	

* Required for contributions over $100 to statewide and general assembly candidates. If contributor is self-employed, occupation 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 appear. R.C. 3517.10(B)(4)

Page Total $ 950.00