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					
				registre	MON NUM	ioei, ii i r			
JOHN W ROYER Street Address	Employer	Occur	ation/ abor Organization			-	Form (Cash, Chec	k atc.)	
	Limpioyet	Employer/Occupation/Labor Organization					CHECK	r, 610.)	
1480 DUBLIN RD	State		Zip Code	M	D	Y	Amount		
COLLINADIC	O	H	43215	1	1		Amount	250.00	
COLUMBUS		11	43213		<u> </u>	1 5	\C	250.00	
Full Name of Contributor Registration Number, if PAC									
ROBERT J SKIP WEILER JR	Employer	r 1 - 10 - 10 - 1 - 0 - 1 - 1					Form (Cash, Chec	dr ata i	
Street Address	Employer/Occupation/Labor Organization							A, etc.j	
10 N HIGH ST STE 401	Cut		7:- 0-1:-	Lari		1 37	CHECK		
City	State	Н	Zip Code	M	D	Y	Amount	105.00	
COLUMBUS	01	171	43215	0 2				125.00	
Full Name of Contributor Registration Number, if PAC									
JANE A SMITH	In A		200	L			ri kan e	1	
Street Address	Employer/	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
8325 LANCASTER CIRCLEVILLE RD						T	CHECK		
City	State		Zip Code	M	D,	Y	Amount		
LANCASTER	0	H	43130			1 5		125.00	
Full Name of Contributor				Registra	ation Nun	iber, if PA	AC		
JOHN W PANOVSKY									
Street Address	Employer/	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			k, etc.)	
7711 PENN RD				CHECK					
City	State		Zip Code	M	D	Y	Amount		
OSTRANDER	0	Н	_43061	0 2		1 5		125.00	
Full Name of Contributor Registration Number, if PAC									
SILVER DRIVE PARTNERS									
Street Address	Employer/	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)		
150 E BROAD ST							CHECK		
City	State		Zip Code	М	D	Y	Amount		
COLUMBUS	0	H	43215			1 5		125.00	
Full Name of Contributor						iber, if P	AC .		
MOVING FORWARD PAC OI						OH1494			
Street Address	Employer/	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			k, etc.)	
10133 COVAN DR							CHECK		
City	State	9	Zip Code	М	D	Y	Amount		
WESTERVILLE	0	Н	43082	0 2	013	1 5		125.00	
Full Name of Contributor				Registra	tion Nur	iber, if PA	AC		
CITIZENS FOR CHERYL GROSSMAN	J								
Street Address	Employer/	Occup.	ation/Labor Organization	_			Form (Cash, Chec	k, etc.)	
3955 BROWN PARK DR SUITE A							CHECK		
City	State	3	Zip Code	M	D	Y	Amount		
HILLIARD		Н	43026	0 2	0 5	1 5		125.00	
Full Name of Contributor Registration Number, if PAC									
SMITH & HALE LLC - GLEN A DUGGER									
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Chec	k, etc.)			
37 WEST BROAD ST							CHECK		
City	State	9	Zip Code	M	D	Y	Amount		
COLUMBUS	0	Н	43215	0 2	0 5	1 5		125.00	
			<u></u>						

* 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 \$ 1,125.00