

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 LESLIE A. MITCHELL					Registration Number, if PAC		
Street Address 51 COLLEGE PL		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor GEORGE D. DAILY					Registration Number, if PAC		
Street Address 8460 MORRIS RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor MARK D. PACE					Registration Number, if PAC		
Street Address 12107 CHIPPEWA RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City BRECKSVILLE	State O H	Zip Code 44141	M 0	D 2	Y 2	Amount 200.00	
Full Name of Contributor PIERRE F. O'HARE					Registration Number, if PAC		
Street Address 1009 ZODIAC AVE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor JEFFREY R. KERR					Registration Number, if PAC		
Street Address 2840 SHADY RIDGE DR.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43231	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor CATHERINE A. CUNNINGHAM					Registration Number, if PAC		
Street Address 5367 HESSLER CIRCLE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor JAMES WHITACRE					Registration Number, if PAC		
Street Address 51 KILMAYNE DR.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City CARY	State N C	Zip Code 27511	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor THOMAS M. WARNER					Registration Number, if PAC		
Street Address 7105 PLEASANT COLONY CIRCLE		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City BLACKLICK	State O H	Zip Code 43004	M 0	D 2	Y 2	Amount 125.00	

* 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)