

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 SAVVAS P SOPHOCLEOUS					Registration Number, if PAC		
Street Address 5387 REDWATER DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43016	M 0	D 2	Y 2 5 1 5	Amount 125.00	
Full Name of Contributor JAMES L LIPNOS					Registration Number, if PAC		
Street Address 7019 DEAN FARM RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City NEW ALBANY	State O H	Zip Code 43054	M 0	D 2	Y 2 0 1 5	Amount 125.00	
Full Name of Contributor RICHARD G CUMMINS					Registration Number, if PAC		
Street Address 5583 VILLA GATES DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 1 6 1 5	Amount 125.00	
Full Name of Contributor JULIA S PHELPS					Registration Number, if PAC		
Street Address 6290 POST RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2 0 1 5	Amount 125.00	
Full Name of Contributor DONALD J HUNTER JR					Registration Number, if PAC		
Street Address 8120 TILLINGHAUST DR		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2 5 1 5	Amount 125.00	
Full Name of Contributor JAMES M HOUK					Registration Number, if PAC		
Street Address 600 CREEKSIDE PLAZA		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City GAHANNA	State O H	Zip Code 43230	M 0	D 2	Y 2 5 1 5	Amount 125.00	
Full Name of Contributor ANTHONY J SLANEC					Registration Number, if PAC		
Street Address 131 E MOLER ST		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43207	M 0	D 2	Y 2 5 1 5	Amount 125.00	
Full Name of Contributor DAVID R AHLUM					Registration Number, if PAC		
Street Address 8501 PATTERSON RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2 5 1 5	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)

Page Total \$ 1,000.00