31-A
R.C. 3517.10

Page 10

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	
GREG A. FISCHER								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
PO BOX 17160							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COVINGTON	K Y	41017	02	26	14		500.00	
Full Name of Contributor							Registration Number, if PAC	
COMMITTEE FOR JIM HUGHES								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
52 E. GAY ST.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
COLUMBUS	O H	43215	03	05	14		250.00	
Full Name of Contributor							Registration Number, if PAC	
JOSEPH B. SMILEY								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
8084 WINTER HILL CT							CHECK	
City	State	Zip Code	M	D	Y		Amount	
WESTERVILLE	O H	43081	03	10	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
AMYJANE K. CAMPBELL								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
435 RIDGE VIEW PLACE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
POWELL	O H	43065	03	02	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
ROBERT M. KLEIN								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
4875 BALDWIN RD							CHECK	
City	State	Zip Code	M	D	Y		Amount	
HILLIARD	O H	43026	03	15	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
CITIZENS FOR CHERYL GROSSMAN								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
3955 BROWN PARK DR, SUITE A							CHECK	
City	State	Zip Code	M	D	Y		Amount	
HILLIARD	O H	43026	01	24	14		100.00	
Full Name of Contributor							Registration Number, if PAC	
KEYCORP ADVOCATES FUND							FEC ID C00073155	
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
127 PUBLIC SQUARE							CHECK	
City	State	Zip Code	M	D	Y		Amount	
CLEVELAND	O H	44114	02	25	14		250.00	
Full Name of Contributor							Registration Number, if PAC	
JULIA S. PHELPS								
Street Address	Employer/Occupation/Labor Organization						Form (Cash, Check, etc.)	
6290 POST RD.							CHECK	
City	State	Zip Code	M	D	Y		Amount	
DUBLIN	O H	43017	03	23	14		250.00	

* 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 $ 1,650.00