Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

		Secretary of State 2/01	
Name of Committee in Full			
Committee to Re-elect Don Schor	nhardt		
full Name of Contributor			
HYDA L SLONE			M D Y Amount
Street Address			0 2 1 5 1 1 25.00
2534 PUNDERSON DR	State	Zip Code	Form (Cash, Check, etc)
City HILLIARD	1 .	-I 43026	Check
Full Name of Contributor		10000	
TRACY L. BRADFORD			
Street Address			M D Y Amount
5433 TINSBURY CT			0 2 2 6 1 1 35.00
City	State	Zip Code	Form (Cash, Check, etc)
COLUMBUS	0 1	H 43235	Check
Full Name of Contributor			
			M D Y Amount
Street Address			
	State	Zip Code	Form (Cash, Check, etc)
City	l l	Zip 0000	Check
Full Name of Contributor			
run Haine of Contributor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Cheok, etc)
			Check
Full Name of Contributor			
			M D Y Amount
Street Address			m D I I
	State	Zip Code	Form (Cash, Check, etc)
City	Little	Lip Code	
Full Name of Contributor			
Full Name of Controllor			
Street Address			M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc)
	<u> </u>		nald 1. Schonhardt , who currently holds the public off
The above are employees of a unit or department under the	e direct supervision or co	ontrol of 1.00	$rac{nald\ J.\ Schonhardt}{nald\ J.\ Schonhardt}$, who currently holds the public off
of Mayor of Hilliard . I hereb	y affirm that each contrib	oution was voluntarily mad	e.
	re of Treasurer or Depu		
Transfer total employee contributions to Form No. 31-A or	31-E, if received at a soci	ial or fundraising event. U	nder "Full Name of Contributor" state "Total employee
contributions from form No. 31-G."			Page Total \$ 60.00_