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Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full				
Committee to Re-elect Don Schonhardt				
Full Name of Contributor				
CLYDE R. SEIDLE, JR.				
Street Address			M D Y Amount	
4733 CLUBPARK DR			0 2 2 0 1 8 175.00	
City	State	Zip Code	Form (Cash, Check, etc)	
HILLIARD	ОН	43026	Check	
Full Name of Contributor		<u> </u>		
STEVEN MAZER				
Street Address			M D Y Amount	
3362 HARBOR BAY DR			0 2 2 0 1 8 125.00	
City	State	Zip Code	Form (Cash, Check, etc)	
COLUMBUS	ОН	43221	Check	
Full Name of Contributor				
DAVID D. DELANDE				
Street Address		·····	M D Y Amount	
7747 HAYDEN RUN RD			0 2 2 0 1 8 125.00	
City	State	Zip Code	Form (Cash, Check, etc)	
HILLIARD	ΟΙΗ	43026	Check	
Full Name of Contributor				
LARRY M LESTER				
Street Address			M D Y Amount	
250 GAY ST		0 2 2 0 1 8 125.00		
City	State	Zip Code	Form (Cash, Check, etc)	
PLAIN CITY	ОН	43064	Check	
Full Name of Contributor				
ROBERT A FISHER				
Street Address			M D Y Amount	
6475 PLAIN CITY GEORGESVILLE RD			0 2 2 0 1 8 125.00	
City	State	Zip Code	Form (Cash, Check, etc)	
PLAIN CITY	ОН	43064	Check	
Full Name of Contributor				
JOHN D FRANCIS				
Street Address			M D Y Amount	
905 COVE POINT DR			0 2 2 0 1 8 125.00	
City	State	Zip Code	Form (Cash, Check, etc)	
HILLIARD	ОН	43026	Check	
The above are employees of a unit or department under the direct supervision or control of				
Roy O. Contax J. (Signature of Treasurer or Deputy Treasurer)				
To detail when the latter than 10 ft for a six a second or for the latter than 10 ft for the lat				

Transfer total employee contributions to Form No. 31-A or 31-E, if received at a social or fundraising event. Under "Full Name of Contributor" state "Total employee contributions from No. 31-G."

Page Total \$ 800.00