

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 LORRI N. MOWERY					Registration Number, if PAC		
Street Address 321 SYCAMORE ST		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City MARYSVILLE	State O H	Zip Code 43040	M 0	D 2	Y 2	Amount 150.00	
Full Name of Contributor SHYAM V. RAJADHYAKSHA					Registration Number, if PAC		
Street Address 6121 HUNTLEY RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43229	M 0	D 1	Y 0	Amount 250.00	
Full Name of Contributor BRIAN D. PENCE					Registration Number, if PAC		
Street Address 5739 HIBERNIA DR. APT. B.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43232	M 0	D 2	Y 2	Amount 150.00	
Full Name of Contributor GEORGE YOAKAM					Registration Number, if PAC		
Street Address 3166 SCIOTO ESTATES CT		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor JAY MUETHER					Registration Number, if PAC		
Street Address 3434 HERITAGE OAKS DRIVE		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 GEORGE SICARAS					Registration Number, if PAC		
Street Address 4035 HENDERSON RD		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43220	M 0	D 2	Y 2	Amount 500.00	
Full Name of Contributor MARK A. BRIDWELL					Registration Number, if PAC		
Street Address 4982 ESSEX DR.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City PITTSBORO	State I N	Zip Code 46167	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor PHILIP H. FRY					Registration Number, if PAC		
Street Address 6358 LIBERTY RD. N.		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	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)

Page Total \$ 1,550.00