

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 HOWARD WOOD						Registration Number, if PAC			
Street Address 5995 SPRINGBURN DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2	M 3	D 1	Y 6	Amount 125.00
Full Name of Contributor FRANK J. CIPRIANO						Registration Number, if PAC			
Street Address PO BOX 1942			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2	M 4	D 1	Y 6	Amount 125.00
Full Name of Contributor ANDREW A. GARDNER						Registration Number, if PAC			
Street Address 6628 BURBANK PL			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 0	D 2	Y 2	M 4	D 1	Y 6	Amount 125.00
Full Name of Contributor STEVEN WATHEN						Registration Number, if PAC			
Street Address 700 S. HARBOUR ISLAND BLVD UNIT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City TAMPA	State F L	Zip Code	M 0	D 2	Y 2	M 3	D 1	Y 6	Amount 125.00
Full Name of Contributor MICHAEL KELLEY						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City	State O H	Zip Code	M 0	D 2	Y 2	M 3	D 1	Y 6	Amount 300.00
Full Name of Contributor KENNETH R. CAMPBELL TTEE						Registration Number, if PAC			
Street Address 4564 MORRIS CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City MASON	State O H	Zip Code 45040	M 0	D 2	Y 0	M 1	D 1	Y 6	Amount 125.00
Full Name of Contributor MSCPAC						Registration Number, if PAC			
Street Address PO BOX 594			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City YOUNGSTOWN	State O H	Zip Code 44501	M 0	D 2	Y 0	M 3	D 1	Y 6	Amount 250.00
Full Name of Contributor SHAI COMMERCIAL REAL ESTATE LTD						Registration Number, if PAC			
Street Address 4009 COLUMBUS RD SW			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City GRANVILLE	State O H	Zip Code 43023	M 0	D 2	Y 1	M 5	D 1	Y 6	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 \$ 1,300.00