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## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

Nama of Committee in Full								
Name of Committee in Full  Committee to Fleet Donald Schonbardt								
Committee to Elect Donald Schonhardt			Dominton	Registration Number, if PAC				
Full Name of Contributor			Registrati	on intimbe	I,IIPAC			
HOWARD WOOD	Employer/Occur	ion/Labor Organization				Form (Cash, Check, etc.)		
Street Address	Employer/Occupat	ion/Labor Organization						
5995 SPRINGBURN DR	<u> </u>	T7: C. J.	1,4	Б	V:	CHECK		
City DI IN I	State	Zip Code	M	D.	Y:	Amount 125 00		
DUBLIN Full Name of Contributor	о н	43017	0 2	23 on Numbe	1 6	125.00		
			negsuan	OH INGHIOC	I, II FAC			
FRANK J. CIPRIANO Street Address	Employee / C	ion/ abor Organization				Form (Cash, Check, etc.)		
· · · · · · · · · · · · · · · · · · ·	Employer/Occupat	ion/Labor Organization						
PO BOX 1942	C+-+-	Izin Codo	1.87	<u> </u>	I V:	CHECK		
City CT IDI INI	State O H	Zip Code	M:	D <sub>:</sub>	Y:	Amount 125 00		
DUBLIN	о н	43017	0 2	2 4 on Numbe	1 6	125.00		
Full Name of Contributor			Registrati	on sumbe	a, a rAC			
ANDREW A. GARDNER	Employer/Osses	ion/Lohor Orannimation				Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization							
6628 BURBANK PL	C4-4-	Tim Code	1 34	L D.	l v	CHECK		
City TARRECTED VIII I E	State	Zip Code	M	D	Y	Amount		
WESTERVILLE	ОН	43082	0 2	2 4	1 6	125.00		
Full Name of Contributor			Kegistrat	ion inumbe	π,πPAC			
STEVEN WATHEN	Employer/Oraci	ion/I abou Ouror: ti				Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization							
700 S. HARBOUR ISLAND BLVD UNIT	<del></del>	7:- 0-1	132	L D:	l v:	CHECK		
City TANGDA	State	Zip Code	M	D	Y	Amount 105 00		
TAMPA	FL		0 2			125.00		
Full Name of Contributor			Kegistrat	ion Numbe	T, II PAC			
MICHAEL KELLEY					Form (Cook Charles at )			
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
0.	<u> </u>	7:- 0-1-	1		1 1/1	CHECK		
City	State	Zip Code	M	D	Y	Amount		
	ОН	<u> </u>		2 3		300.00		
Full Name of Contributor			Registrat	ion Numbe	er, 11 PAC			
KENNETH R. CAMPBELL TTEE								
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)				
4564 MORRIS CT		la: a ·	<del>-   </del>		1	CHECK		
City	State	Zip Code	M	D	Y	Amount		
MASON	ОН	45040		0 1		125.00		
Full Name of Contributor			Registrat	ion Numb	er, at PAC			
MSCPAC						To 10 10		
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
PO BOX 594		la a i	11		1 325	CHECK		
City	State	Zip Code	M	D	Y	Amount		
YOUNGSTOWN	O H	44501	0 2			250.00		
Full Name of Contributor Registration Number, if PAC								
SHAI COMMERCIAL REAL ESTATE LTD								
Street Address	Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
4009 COLUMBUS RD SW				CHECK				
Cty	State	Zip Code	М	D	Y	Amount		
GRANVILLE	OH	43023	0 2	1 5	1 6	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