31-A
R.C. 3517.10

Page 4

# 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 | | | | | | | Registration Number, if PAC | |
| JOAN L. CAMPBELL | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) | |
| 4564 MORRIS CT | | | | | | | CHECK | |
| City | State | Zip Code | M | D | Y | | Amount | |
| MASON | OH | 45040 | 02 | 18 | 13 | | 100.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| FRANK L. CARRIER | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) | |
| 4394 SHIRE CREEK CT | | | | | | | CHECK | |
| City | State | Zip Code | M | D | Y | | Amount | |
| HILLIARD | OH | 43026 | 02 | 27 | 13 | | 100.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| J. WESLEY HALL | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) | |
| 2235 ORANGE LAKE DR. | | | | | | | CHECK | |
| City | State | Zip Code | M | D | Y | | Amount | |
| LEWIS CENTER | OH | 43035 | 02 | 24 | 13 | | 200.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| JOHN D. FRANCIS | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) | |
| 905 COVE POINT DR | | | | | | | CHECK | |
| City | State | Zip Code | M | D | Y | | Amount | |
| COLUMBUS | OH | 43228 | 02 | 23 | 13 | | 50.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| DOUGLAS A. FRAIZER | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) | |
| 566 LAKE KNOLL CT | | | | | | | CHECK | |
| City | State | Zip Code | M | D | Y | | Amount | |
| GAHANNA | OH | 43230 | 02 | 26 | 13 | | 100.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| TESS J. GALVIN | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) | |
| 1314 WYANDOTTE RD. | | | | | | | CHECK | |
| City | State | Zip Code | M | D | Y | | Amount | |
| COLUMBUS | OH | 43212 | 02 | 27 | 13 | | 200.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| JAMES M. HOUK | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) | |
| 600 CREEKSIDE PLAZA | | | | | | | CHECK | |
| City | State | Zip Code | M | D | Y | | Amount | |
| GAHANNA | OH | 43230 | 02 | 27 | 13 | | 100.00 | |
| Full Name of Contributor | | | | | | | Registration Number, if PAC | |
| JAMES PHILLIP JOYCE | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) | |
| 3770 RIDGE MILL DR | | | | | | | CHECK | |
| City | State | Zip Code | M | D | Y | | Amount | |
| HILLIARD | OH | 430206 | 02 | 27 | 13 | | 300.00 | |

* 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 $ 1,150.00