

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

|  |                   |               |  |               |               |                             |  |  |  |
|--|-------------------|---------------|--|---------------|---------------|-----------------------------|--|--|--|
| Name of Committee in Full<br><b>Committee to Elect Donald Schonhardt</b> |                   |               |  |               |               |                             |  |  |  |
| Full Name of Contributor<br><b>THOMAS M. LYDEN</b>                       |                   |               |  |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>2846 BOHLEN DR</b>                                  |                   |               | Employer/Occupation/Labor Organization |               |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |  |
| City<br><b>HILLIARD</b>  | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43026</b>               | M<br><b>0</b> | D<br><b>2</b> | Y<br><b>1</b>               | Amount<br><b>50.00</b>                   |  |  |
| Full Name of Contributor<br><b>MARY WAYMAN</b>                           |                   |               |  |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>3752 DAYSPRING DR</b>                               |                   |               | Employer/Occupation/Labor Organization |               |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |  |
| City<br><b>HILLIARD</b>  | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43026</b>               | M<br><b>0</b> | D<br><b>2</b> | Y<br><b>1</b>               | Amount<br><b>35.00</b>                   |  |  |
| Full Name of Contributor<br><b>SHREVE JONES HER REAL LIVING</b>          |                   |               |  |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>3381 STONEVISTA LN</b>                              |                   |               | Employer/Occupation/Labor Organization |               |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |  |
| City<br><b>COLUMBUS</b>  | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43221</b>               | M<br><b>0</b> | D<br><b>2</b> | Y<br><b>1</b>               | Amount<br><b>25.00</b>                   |  |  |
| Full Name of Contributor<br><b>DIXIE PORTER</b>                          |                   |               |  |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>4758 CLUB PARK DR</b>                               |                   |               | Employer/Occupation/Labor Organization |               |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |  |
| City<br><b>HILLIARD</b>  | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43026</b>               | M<br><b>0</b> | D<br><b>2</b> | Y<br><b>1</b>               | Amount<br><b>35.00</b>                   |  |  |
| Full Name of Contributor<br><b>ELIZABETH A. BERLIN</b>                   |                   |               |  |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>6870 FLEUR DR</b>                                   |                   |               | Employer/Occupation/Labor Organization |               |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |  |
| City<br><b>WESTERVILLE</b>   | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43082</b>               | M<br><b>0</b> | D<br><b>2</b> | Y<br><b>1</b>               | Amount<br><b>100.00</b>                  |  |  |
| Full Name of Contributor   |                   |               |  |               |               | Registration Number, if PAC |  |  |  |
| Street Address   |                   |               | Employer/Occupation/Labor Organization |               |               |                             | Form (Cash, Check, etc.)                 |  |  |
| City   | State             | H             | Zip Code                               | M             | D             | Y                           | Amount                                   |  |  |
| Full Name of Contributor<br><b>CITIZENS FOR STEPHANIE KUNZE</b>          |                   |               |  |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>5307 FRANKLIN ST</b>                                |                   |               | Employer/Occupation/Labor Organization |               |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |  |
| City<br><b>HILLIARD</b>  | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43026</b>               | M<br><b>0</b> | D<br><b>2</b> | Y<br><b>1</b>               | Amount<br><b>35.00</b>                   |  |  |
| Full Name of Contributor<br><b>PHYLLIS ERNST</b>                         |                   |               |  |               |               | Registration Number, if PAC |  |  |  |
| Street Address<br><b>4643 SCHIRTZINGER RD</b>                            |                   |               | Employer/Occupation/Labor Organization |               |               |                             | Form (Cash, Check, etc.)<br><b>CHECK</b> |  |  |
| City<br><b>HILLIARD</b>  | State<br><b>O</b> | H<br><b>H</b> | Zip Code<br><b>43026</b>               | M<br><b>0</b> | D<br><b>2</b> | Y<br><b>1</b>               | Amount<br><b>25.00</b>                   |  |  |

\* 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 \$ 305.00