31-A R.C. 3517.10



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				
SCHOTTENSTEIN REAL ESTATE GR							
Street Address	Employer/Occup	oation/Labor Organization				Form (Cash, Check, etc.)	
2 EASTON OVAL SUITE 510				CHECK		CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	$O \mid H$	43219	02	2 8	1 5	125.00	
Full Name of Contributor	<u> </u>				nbet, if PA		
CENTRAL OHIO REALTORS PAC							
Street Address	Fmnlover/Occur	pation/Labor Organization	<u> </u>			Form (Cash, Check, etc.)	
2700 AIRPORT DR	Zinproy Cir C scur				CHECK		
	21.14	[75 C. 4.	l vi	T 5	1 1/		
City CONTINUENCE	State	Zip Code	M	D	Y	Amount	
COLUMBUS	0 H	43219	0 2		1 5	875.00	
Full Name of Contributor				Registration Number, if PAC			
KEGLER, BROWN, HILL & RITTER, I				CP648			
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
65 E STATE ST, SUITE 1800						CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	$O \mid H$	43215	03	013	1 5	125.00	
Full Name of Contributor	J - 3 !				nber, if PA		
CONTRIBUTIONS FROM FORM 31 - G							
						Form (Cash, Check, etc.)	
Da portradi (51)	Employer, Occup	January Eddor Of Santa Maiore				Torin (Ousit, Officer, etc.)	
		In a	1 10	1.5			
City	State	Zip Code	M	D	Y	Amount	
	<u> </u>	<u> </u>				500.00	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	ĮΥ	Amount	
		\		1			
Full Name of Contributor			Registr	ation Nun	her if PA	AC.	
Full Name of Contributor Registration Number, if PAC							
Street Address Employer/Occupation/Labor Organization Form (Cash, Check, etc.)							
2teer Woote?	Tamping of your organization						
		T	1 341	T 6			
City	State	Zip Code	M	D	Y	Amount	
	<u> </u>				<u> </u>		
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occup	oation/Labor Organization				Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
				L	1 1		
Full Name of Contributor Registration Number, if PA						<u></u>	
Region and it rate							
Emplace/Communication Astronomy					:	Francisco Control Control	
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	

* 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 \$ 1,625.00