

## Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Committee to Elect Donald Schonhardt</b>							
Full Name of Contributor <b>SCHOTTENSTEIN REAL ESTATE GROUP</b>					Registration Number, if PAC		
Street Address <b>2 EASTON OVAL SUITE 510</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0</b>	D <b>2</b>	Y <b>2</b>	Amount <b>125.00</b>	
Full Name of Contributor <b>CENTRAL OHIO REALTORS PAC</b>					Registration Number, if PAC		
Street Address <b>2700 AIRPORT DR</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43219</b>	M <b>0</b>	D <b>2</b>	Y <b>6</b>	Amount <b>875.00</b>	
Full Name of Contributor <b>KEGLER, BROWN, HILL &amp; RITTER, PAC</b>					Registration Number, if PAC <b>CP648</b>		
Street Address <b>65 E STATE ST, SUITE 1800</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>CHECK</b>		
City <b>COLUMBUS</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>3</b>	Y <b>1</b>	Amount <b>125.00</b>	
Full Name of Contributor <b>CONTRIBUTIONS FROM FORM 31 - G</b>					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount <b>500.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
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