

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 CHRISTOPHER J. LEWIE						Registration Number, if PAC			
Street Address 5377 EDIE DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 1	Y 1	Amount 50.00	
Full Name of Contributor WILLIAM D. RIDDLE						Registration Number, if PAC			
Street Address 3106 HYDE PARK CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 1	Y 1	Amount 200.00	
Full Name of Contributor CORNELL R. ROBERTSON						Registration Number, if PAC			
Street Address 5434 SCHATZ LANE			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 6	Y 1	Y 1	Amount 35.00
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Y	Y	Amount	
Full Name of Contributor OHIOHEALTH STAR CORP PAC						Registration Number, if PAC			
Street Address 180 E. BROAD ST, 34TH FLOOR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 2	Y 2	Y 3	Y 1	Y 1	Amount 100.00
Full Name of Contributor WILES, BOYLE, BURKHOLDER, BRINGARDNER, CO. LPA						Registration Number, if PAC PAC			
Street Address 300 SPRUCE ST.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43215	M 0	D 2	Y 2	Y 2	Y 1	Y 1	Amount 100.00
Full Name of Contributor CHARLES P. UNTERREINER						Registration Number, if PAC			
Street Address 784 WYNSTONE DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City LEWIS CENTER	State O H	Zip Code 43035	M 0	D 2	Y 1	Y 7	Y 1	Y 1	Amount 300.00
Full Name of Contributor JAMES PHILLIP JOYCE						Registration Number, if PAC			
Street Address 3770 RIDGE MILL DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 3	Y 0	Y 8	Y 1	Y 1	Amount 200.00

* 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 \$ 985.00