Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Committee to Re-elect Don Schonha	ardt		
Full Name of Contributor			
CLYDE R. SEIDLE, JR.			M D Y Amount
Street Address			
4733 CLUBPARK DR	State	Zip Code	0 2 1 7 1 4 200.00
City		1	
HILLIARD	OH	43026	Check
Full Name of Contributor			
GERALD L. EDWARDS Street Address			M D Y Amount
			0 2 2 6 1 4 100.00
1680 ANDOVER RD	State	Zip Code	Form (Cash, Check, etc)
UPPER ARLINGTON	OIH	43212	Check
Full Name of Contributor	0 1 11	10-11-	
DAVID D. DELANDE			
Street Address			M D Y Amount
7747 HAYDEN RUN RD			0 2 2 5 1 4 100.00
City	State	Zip Code	Form (Cash, Check, etc)
HILLIARD	OH	43026	Check
Full Name of Contributor			
TRACY L. BRADFORD			
Street Address			M D Y Amount
5433 TINSBURY CT			0 2 2 6 1 4 100.00
City	State	Zip Code	Form (Cash, Check, elc)
COLUMBUS	O H	43235	Check
Full Name of Contributor			
			M D Y Amount
Street Address			M J T M M M M M M M M M
	State	Zip Code	Form (Cash, Check, etc)
City	State	Σήν Code	
			A STATE OF THE STA
Full Name of Contributor			
Co	 		M D Y Amount
Street Address			
City	State	Zip Code	Form (Cash, Check, etc)
tity		}	
The above are employees of a unit or department under the direct supervi	sion or control of	<u>Doi</u>	nald J. Schonhardt, who currently holds the public office
of Mayor of Hilliard . Thereby affin	m that each contribution was	voluntarily made.	
Hory O. Contas . (Signature of	Treasurer or Deputy Treasur	er)	
S A S A S A S A S A S A S A S A S A S A	- tus a comint on throads victing or	and Under "Full Name of	Contributor" state "Total employee
Transfer total employee contributions to Form No. 31-A or 31-E, if received contributions from form No. 31-G."	en ar a zocial at favoraizzud ez	ent. Othest Tell Maine of	
CONCIONADI ITALIAMENTO OF OF			Page Total \$ 500,00