31-A
R.C. 3517.10

Page 2

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								
JEFFREY R. KERR									
Street Address	**Employer/Occupation/Labor Organization**								**Form (Cash, Check, etc.)**
2840 SHADY RIDGE DR									CHECK
City	**State**	**Zip Code**	M		D		Y		**Amount**
COLUMUBUS	OH	43231	0	2	2	3	1	1	100.00
Full Name of Contributor	**Registration Number, if PAC**								
MARK D. PACE									
Street Address	**Employer/Occupation/Labor Organization**								**Form (Cash, Check, etc.)**
12107 CHIPPEWA RD									CHECK
City	**State**	**Zip Code**	M		D		Y		**Amount**
BRECKSVILLE	OH	44141	0	2	2	3	1	1	100.00
Full Name of Contributor	**Registration Number, if PAC**								
MANOJ SETHI									
Street Address	**Employer/Occupation/Labor Organization**								**Form (Cash, Check, etc.)**
7674 JOHNTIMM CT									CHECK
City	**State**	**Zip Code**	M		D		Y		**Amount**
DUBLIN	OH	43017	0	2	2	3	1	1	100.00
Full Name of Contributor	**Registration Number, if PAC**								
JAMES G. MITCHELL									
Street Address	**Employer/Occupation/Labor Organization**								**Form (Cash, Check, etc.)**
51 COLLEGE PLACE									CHECK
City	**State**	**Zip Code**	M		D		Y		**Amount**
WESTERVILLE	OH	43081	0	2	2	3	1	1	100.00
Full Name of Contributor	**Registration Number, if PAC**								
DAVID H. PARSELY									
Street Address	**Employer/Occupation/Labor Organization**								**Form (Cash, Check, etc.)**
4702 HOFFMAN FARMS DR									CHECK
City	**State**	**Zip Code**	M		D		Y		**Amount**
HILLIARD	OH	43026	0	2	2	3	1	1	100.00
Full Name of Contributor	**Registration Number, if PAC**								
CORNELL R. ROBERTSON									
Street Address	**Employer/Occupation/Labor Organization**								**Form (Cash, Check, etc.)**
5434 SCHATZ LANE									CHECK
City	**State**	**Zip Code**	M		D		Y		**Amount**
HILLIARD	OH	43026	0	2	2	3	1	1	100.00
Full Name of Contributor	**Registration Number, if PAC**								
HAROLD G. COMPTON									
Street Address	**Employer/Occupation/Labor Organization**								**Form (Cash, Check, etc.)**
2026 SILVER ST									CHECK
City	**State**	**Zip Code**	M		D		Y		**Amount**
GRANVILLE	OH	43023	0	2	2	5	1	1	100.00
Full Name of Contributor	**Registration Number, if PAC**								
THOMAS E. MOSURE									
Street Address	**Employer/Occupation/Labor Organization**								**Form (Cash, Check, etc.)**
4318 TAVISTOCK CIRCLE									CHECK
City	**State**	**Zip Code**	M		D		Y		**Amount**
POWELL	OH	43065	0	2	1	6	1	1	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 $ 900.00