31-A
R.C. 3517.10

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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							
JOHN MCGEORGE								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
3354 SCIOTANGY DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43221	02	29	12			100.00
Full Name of Contributor	**Registration Number, if PAC**							
JERRY TURNER								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
1933 SCIOTO POINTE DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
COLUMBUS	OH	43221	02	29	12			100.00
Full Name of Contributor	**Registration Number, if PAC**							
J. WESLEY HALL								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
2235 ORANGE LAKE DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
LEWIS CENTER	OH	43035	02	29	12			100.00
Full Name of Contributor	**Registration Number, if PAC**							
JAMES HOUK								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
600 CREEKSIDE PLAZA								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
GAHANNA	OH	43230	02	29	12			100.00
Full Name of Contributor	**Registration Number, if PAC**							
CHRISTOPHER ERAMO								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
4927 KILLARNEY COURT								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
WESTERVILLE	OH	43082	02	29	12			100.00
Full Name of Contributor	**Registration Number, if PAC**							
GREGORY EVANS								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
5654 DAVIDSON RD								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
HILLIARD	OH	43026	02	29	12			100.00
Full Name of Contributor	**Registration Number, if PAC**							
DAVID DAY								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
5967 HAMPTON CORS S								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
HILLIARD	OH	43026	02	29	12			100.00
Full Name of Contributor	**Registration Number, if PAC**							
JAMES PHILLIP JOYCE								
Street Address	**Employer/Occupation/Labor Organization**							**Form (Cash, Check, etc.)**
3770 RIDGE MILL DR								CHECK
City	**State**	**Zip Code**	**M**	**D**	**Y**			**Amount**
HILLIARD	OH	43026	02	29	12			300.00

* 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 $ 1,000.00