

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 A. RICK CAPONE						Registration Number, if PAC			
Street Address 4551 HUNTING VALLEY LN			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City BRECKSVILLE	State O H	Zip Code 44141	M 0	D 2	Y 2	Amount 300.00			
Full Name of Contributor GEORGE THOMAS						Registration Number, if PAC			
Street Address 8543 MORRIS RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Amount 200.00			
Full Name of Contributor GREGORY BACHMAN						Registration Number, if PAC			
Street Address 12281 MALLARD POND CT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City PICKERINGTON	State O H	Zip Code 43147	M 0	D 2	Y 2	Amount 100.00			
Full Name of Contributor DAVID RUMA						Registration Number, if PAC			
Street Address 9605 GIBSON DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City POWELL	State O H	Zip Code 43065	M 0	D 2	Y 2	Amount 100.00			
Full Name of Contributor JULIA PHELPS						Registration Number, if PAC			
Street Address 6290 POST RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 3	Y 2	Amount 100.00			
Full Name of Contributor MICHAEL BLANKENSHIP						Registration Number, if PAC			
Street Address 8661 CADET DR S			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City GALLOWAY	State O H	Zip Code 43119	M 0	D 3	Y 2	Amount 100.00			
Full Name of Contributor ROBERT KLEIN						Registration Number, if PAC			
Street Address 4875 BALDWIN RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Amount 100.00			
Full Name of Contributor BIA BUILD PAC OF CENTRAL OHIO						Registration Number, if PAC			
Street Address 495 EXECUTIVE CAMPUS DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43082	M 0	D 2	Y 2	Amount 100.00			

* 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 \$ 1,100.00