

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 JEFFREY R. KERR						Registration Number, if PAC			
Street Address 2840 SHADY RIDGE DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43231	M 0	D 2	Y 2	Y 7	Y 1	Y 3	Amount 100.00
Full Name of Contributor ROBERT M 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	Y 7	Y 1	Y 3	Amount 100.00
Full Name of Contributor STEVEN P. KOCH						Registration Number, if PAC			
Street Address 2383 ZOLLINGER RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0	D 2	Y 2	Y 7	Y 1	Y 3	Amount 100.00
Full Name of Contributor PEGGY GARRISON						Registration Number, if PAC			
Street Address 5290 LOCUST HILL LN			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 1	Y 1	Y 1	Y 3	Amount 100.00
Full Name of Contributor BRUCE F. MASSA						Registration Number, if PAC			
Street Address 2261 SANDOVER RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43220	M 0	D 2	Y 2	Y 7	Y 1	Y 3	Amount 100.00
Full Name of Contributor JOHN W. MCGEORGE						Registration Number, if PAC			
Street Address 3354 SCIOTANGY DR.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City COLUMBUS	State O H	Zip Code 43221	M 0	D 2	Y 2	Y 7	Y 1	Y 3	Amount 100.00
Full Name of Contributor LESLIE A MITCHELL						Registration Number, if PAC			
Street Address 51 COLLEGE PL			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City WESTERVILLE	State O H	Zip Code 43081	M 0	D 2	Y 2	Y 6	Y 1	Y 3	Amount 100.00
Full Name of Contributor PERRY J. MORGAN						Registration Number, if PAC			
Street Address 3536 SCHIRTZINGER RD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK		
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Y 7	Y 1	Y 3	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 \$ 800.00