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		
HOWARD WOOD											
Street Address	Employer/Occupation/Labor Organization										Form (Cash, Check, etc.)
5995 SPRINGBURN DR											CHECK
City	State	Zip Code	M		D		Y				Amount
DUBLIN	O | H	43017	0	2	2	5	1	5			125.00
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	O | H	43035	0	2	2	5	1	5			250.00
Full Name of Contributor									Registration Number, if PAC		
JOSEPH BOLZENIUS											
Street Address	Employer/Occupation/Labor Organization										Form (Cash, Check, etc.)
2400 PEARSON WAY											CHECK
City	State	Zip Code	M		D		Y				Amount
HILLIARD	O | H	43026	0	2	2	4	1	5			125.00
Full Name of Contributor									Registration Number, if PAC		
KYLIE L GARDNER											
Street Address	Employer/Occupation/Labor Organization										Form (Cash, Check, etc.)
6628 BURBANK PL											CHECK
City	State	Zip Code	M		D		Y				Amount
WESTERVILLE	O | H	43082	0	2	2	5	1	5			125.00
Full Name of Contributor									Registration Number, if PAC		
EDWARD P FERRIS											
Street Address	Employer/Occupation/Labor Organization										Form (Cash, Check, etc.)
1959 COLLINGSWOOD RD											CHECK
City	State	Zip Code	M		D		Y				Amount
COLUMBUS	O | H	43221	0	2	2	3	1	5			125.00
Full Name of Contributor									Registration Number, if PAC		
CHRISTOPHER D ERAMO											
Street Address	Employer/Occupation/Labor Organization										Form (Cash, Check, etc.)
4927 KILLARNEY CT											CHECK
City	State	Zip Code	M		D		Y				Amount
WESTERVILLE	O | H	43082	0	2	2	5	1	5			250.00
Full Name of Contributor									Registration Number, if PAC		
CHARLES W BUCK											
Street Address	Employer/Occupation/Labor Organization										Form (Cash, Check, etc.)
4814 CANTERWOOD CT											CHECK
City	State	Zip Code	M		D		Y				Amount
HILLIARD	O | H	43026	0	2	2	4	1	5			125.00
Full Name of Contributor									Registration Number, if PAC		
JOHN W MCGEORGE											
Street Address	Employer/Occupation/Labor Organization										Form (Cash, Check, etc.)
3354 SCIOTANGY DR											CHECK
City	State	Zip Code	M		D		Y				Amount
COLUMBUS	O | H	43221	0	2	2	5	1	5			125.00

* 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 $ 1,250.00