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Statement of Contributions Received

Prescribed by Secretary of State 2/01

Committee to Elect Donald Schonhardt Full Name of Combustor TODD L. LYLE Street Aldress Form (Cash, Check, etc.) AMES L. LIPNOS Full Name of Combustor JAMES L. LIPNOS Suster Aldress Form (Cash, Check, etc.) City NEW ALBANY OH 43054 OL 2 4 1 6 250.00 Full Name of Combustor Name of Combustor Name of Combustor Nath The W. E. FERRIS Suster Aldress Form (Cash, Check, etc.) City NEW ALBANY OH 43054 OL 2 2 4 1 6 125.00 Full Name of Combustor Nath The W. E. FERRIS Suster Aldress Form (Cash, Check, etc.) City Name of Combustor Nath The W. E. FERRIS Suster Aldress OOLUMBUS OH 430221 OL 2 3 1 6 150.00 Full Name of Combustor Registration Number, if PAC City COLUMBUS OH 43221 OL 2 3 1 6 150.00 Full Name of Combustor Registration Number, if PAC City COLUMBUS OH 43221 OL 2 3 1 6 150.00 Full Name of Combustor Registration Number, if PAC City COLUMBUS OH 43221 OL 2 3 1 6 150.00 Full Name of Combustor Registration Number, if PAC City COLUMBUS OH 43221 OL 2 3 1 6 150.00 Form (Cash, Check, etc.) CHECK City Columbus OH 43221 OL 2 3 1 6 150.00 Form (Cash, Check, etc.) CHECK City Columbus OH 43221 OL 2 3 1 6 150.00 Form (Cash, Check, etc.) CHECK City Columbus OH 43220 OL 2 2 4 1 6 500.00 Form (Cash, Check, etc.) CHECK City PLAN CITY OH 43220 OL 2 2 4 1 6 500.00 Form (Cash, Check, etc.) CHECK City PLAN CITY OH 43064 OL 2 2 4 1 6 500.00 Form (Cash, Check, etc.) CHECK Sinte Zip Code OH 43064 OL 2 2 4 1 6 500.00 Form (Cash, Check, etc.) CHECK CHECK Sinte Zip Code OH 43064 OL 2 2 4 1 6 500.00 Form (Cash, Check, etc.) CHECK City PLAN CITY OH 43064 OL 2 2 1 1 6 500.00 Form (Cash, Check, etc.) CHECK CHECK Sinte Zip Code OH 43064 OL 2 2 1 1 6 500.00 Form (Cash, Check, etc.) CHECK City PLAN CITY OH 43064 OL 2 2 1 1 6 500.00 Form (Cash, Check, etc.) CHECK CHECK City PLAN CITY OH 43064 OL 2 2 1 1 6 500.00 Form (Cash, Check, etc.) CHECK City PLAN CITY OH 43064 OL 2 2 1 1 6 500.00 Form (Cash, Check, etc.) CHECK City Sinte Zip Code OH 43064 OL 2 2 1 7 7 Amount Form (Cash, Check, etc.) CHECK City Sinte Zi	Name of Committee in Full								
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* 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 \$ 1,550.00