

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 MATTHEW T SELHORST						Registration Number, if PAC							
Street Address 482 FLAT RIVER ST			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK						
City PICKERINGTON		State O H		Zip Code 43147		M 0		D 2		Y 2 1 7		Amount 125.00	
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 2 1 7		Amount 125.00	
Full Name of Contributor AMYJANE K CAMPBELL						Registration Number, if PAC							
Street Address 435 RIDGE VIEW			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK						
City POWELL		State O H		Zip Code 43065		M 0		D 2		Y 0 7 1 7		Amount 125.00	
Full Name of Contributor MICHAEL S MURRAY						Registration Number, if PAC							
Street Address 1183 LAKE POINT			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK						
City WESTERVILLE		State O H		Zip Code 43082		M 0		D 2		Y 2 2 1 7		Amount 150.00	
Full Name of Contributor SCOTT E CLUBBS						Registration Number, if PAC							
Street Address 3740 DARBY KNOLLS BLVD			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK						
City HILLIARD		State O H		Zip Code 43026		M 0		D 2		Y 2 0 1 7		Amount 125.00	
Full Name of Contributor MARK A BRIDWELL						Registration Number, if PAC							
Street Address 4982 ESSEX DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK						
City PITTSBORO		State I N		Zip Code 46167		M 0		D 2		Y 2 2 1 7		Amount 125.00	
Full Name of Contributor BRIAN MCMILLEN						Registration Number, if PAC							
Street Address 6023 HAMPTON CORNERS SOUTH			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK						
City HILLIARD		State O H		Zip Code 43026		M 0		D 2		Y 2 2 1 7		Amount 125.00	
Full Name of Contributor DANIEL DICARLO						Registration Number, if PAC							
Street Address 541 HOPPER VIEW BLUFF			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK						
City CINCINNATI		State O H		Zip Code 45255		M 0		D 2		Y 2 2 1 7		Amount 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 \$ 1,025.00