

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 MOVING FORWARD PAC						Registration Number, if PAC OH1494						
Street Address 10133 COVAN DR			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK					
City WESTERVILLE		State O H		Zip Code 43082		M 0 2		D 1 0		Y 1 7		Amount 125.00
Full Name of Contributor DAVID S. MEEKS						Registration Number, if PAC						
Street Address 20805 N 74TH WAY			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK					
City SCOTTSDALE		State A Z		Zip Code 85255		M 0 2		D 1 3		Y 1 7		Amount 125.00
Full Name of Contributor COMMITTEE FOR JIM HUGHES						Registration Number, if PAC						
Street Address 52 E. GAY STREET			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK					
City COLUMBUS		State O H		Zip Code 43215		M 0 3		D 0 1		Y 1 7		Amount 250.00
Full Name of Contributor JULIA S 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 3		D 0 8		Y 1 7		Amount 125.00
Full Name of Contributor BO JACKSON'S ELITE SPORTS-HILLIARD LLC						Registration Number, if PAC						
Street Address 600 CLEVELAND ST-SUITE 910			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) CHECK					
City CLEARWATER		State F L		Zip Code 33755		M 0 3		D 1 5		Y 1 7		Amount 125.00
Full Name of Contributor CONTRIBUTORS IN OFFICEHOLDERS EMPLOY - FORM 31-G						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
												725.00
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
Full Name of Contributor						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount

* 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 \$ 1,475.00