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## **Statement of Contributions Received**

Prescribed by Secretary of State 2/01

V C C C C C C C C C C C C C C C C C C C							
Name of Committee in Full							
Committee to Elect Donald Schonhard Full Name of Contributor	ţ		Tp :		1 (CD)		
			Registration Number, if PAC				
JOEL D. RHOADES Street Address	Employer (Oam	mation / show Oversigntion				E-m (C-) Ch	a el
	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
5975 SOUTH SECTION LINE RD		T7: 0 1:	Т.	-	1 77	CHECK	<u> </u>
City DELAWARE	State O H	Zip Code 43015	$\begin{bmatrix} M \\ 0 \end{bmatrix} 2$	D 1 3	Y 1,7	Amount	125.00
Full Name of Contributor	10 11	1 43013				\C	125.00
Full Name of Contributor  Registration Number, if PAC  NORMAN E MURPHY							
Street Address	Employer/Occupation/Labor Organization					Form (Cash, Check, etc.)	
6851 HEVERLO RD						CHECK	
City	State	Zip Code	М	D	Y	Amount	
SUNBURY	O H	43074	0 2	1 5	1 7		125.00
Full Name of Contributor					ber, if PA	AC .	
THE NERGY CONNECTION - JACK DOWNS							
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
3095 PARKSIDE ROAD						CHECK	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	$O \mid H$	43204	0 2	1 4	1:7		125.00
Full Name of Contributor		·· <del>···································</del>	Registra		ber, if PA	AC .	
JOHN W. ROYER							
Street Address	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)				
1480 DUBLIN RD						CHECK	
City	State	Zip Code	M	D	Y	Amount	
COLUMBUS	OH	43215	0 2	1 3	1 7		250.00
Full Name of Contributor Registration Number, if PAC							
ROCCO A ERAMO			1				
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Ch	eck, etc.)
3670 LACON RD						CHECK	
City	State	Zip Code	M	D	Y	Amount	
HILLIARD	OH	43026	0 2	0.9	1.7		125.00
Full Name of Contributor	<u> </u>				ber, if PA	AC	
MSCPAC							
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			eck, etc.)
PO BOX 594				CHECK			
City	State	Zip Code	М	D	Y	Amount	
YOUNGSTOWN	OH	44501	0 2	1 3	1   7		125.00
Full Name of Contributor	·				ber, if PA	AC .	
SMITH & HALE LLC - GLEN A DUG	GER		1				
Street Address		pation/Labor Organization				Form (Cash, Ch	eck, etc.)
37 WEST BROAD STREET						CHECK	
City	State	Zip Code	М	D	Y	Amount	
COLUMBUS	OH	43215	0 2	0.9	1 7		125.00
Full Name of Contributor Registration Number, if PAC							
DREW BERLIN							
Street Address	Employer/Occu	pation/Labor Organization				Form (Cash, Ch	eck, etc.)
79 S STATE ST STE C						CHECK	
City	State	Zip Code	M	D	Y	Amount	
WESTERVILLE	O H	43081	0 2	1 4	1 7		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 \$ 1,125.00