

AMENDED 5/11/11

Page _____

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

11 MAY 11 PM 2:06

Name of Committee in Full		FRANKLIN COUNTY	
Committee to Elect Donald Schonhardt		ELECTIONS	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Heritage Golf Club - Dan O'Brien			
Street Address	Description of Item or Service	M D Y	Fair Market Value
3525 Heritage Club Dr.	Food & Beverage	0 2 2 3 1 1	209.25
City	State Zip Code	Received at Fundraising Event?	
Hilliard	O H 43026	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Heritage Golf Club - Ken Campbell			
Street Address	Description of Item or Service	M D Y	Fair Market Value
3525 Heritage Club Dr.	Food & Beverage	0 2 2 3 1 1	209.25
City	State Zip Code	Received at Fundraising Event?	
Hilliard	O H 43026	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Makoy Center - George Yoakum			
Street Address	Description of Item or Service	M D Y	Fair Market Value
5462 Center St.	Food & Beverage	0 2 2 6 1 1	100.00
City	State Zip Code	Received at Fundraising Event?	
Hilliard	O H 43026	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC	
Street Address	Description of Item or Service	M D Y	Fair Market Value
City	State Zip Code	Received at Fundraising Event?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

* Required for contributions from individual 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 also appear.
[R.C. 3517.10(B)(4)]