

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 MICHAEL J CROWLEY						Registration Number, if PAC	
Street Address 2475 ANSON DR			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43220-4708	M 0	D 2	Y 2	Amount 500.00	
Full Name of Contributor JOSEPH E SULLIVAN						Registration Number, if PAC	
Street Address 7539 BARDSTON DR			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor WILLIS R CONNER						Registration Number, if PAC	
Street Address 2550 CORPORATE EXCHANGE DR			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code	M 0	D 2	Y 1	Amount 375.00	
Full Name of Contributor KEVIN KUSZMAUL						Registration Number, if PAC	
Street Address 5080 DUBLIN RD			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City DUBLIN	State O H	Zip Code 43017	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor JON C JASPER						Registration Number, if PAC	
Street Address 3861 STONESTHROW CT W			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor DANIEL M OBRIEN						Registration Number, if PAC	
Street Address 1173 MCCLEARY CT			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City COLUMBUS	State O H	Zip Code 43235	M 0	D 2	Y 2	Amount 125.00	
Full Name of Contributor BIA BUILD PAC OF CENTRAL OHIO						Registration Number, if PAC	
Street Address 495 EXECUTIVE CAMPUS DR			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City WESTERVILLE	State O H	Zip Code 43082	M 0	D 3	Y 1	Amount 125.00	
Full Name of Contributor PERRY J MORGAN						Registration Number, if PAC	
Street Address 3536 SCHIRTZINGER RD			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK	
City HILLIARD	State O H	Zip Code 43026	M 0	D 2	Y 2	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 \$ 1,625.00