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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				Registration Numl	er, if PA	AC .		
MICHAEL J CROWLEY				<u> </u>				
Street Address	Employ	er/Occup	ation/Labor Organization			Form (Cash, Check, etc.)		
2475 ANSON DR	<u> </u>		1 -11			CHECK		
City		ate 1 TT	Zip Code	M D	ا_ ا ^۲	Amount		
COLUMBUS	0	H	43220-4708	0 2 2 5	1 5	500.00		
Full Name of Contributor Registration Number, if PAC								
JOSEPH E SULLIVAN	(c1	(O o o u m	ation/Labor Organization			Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization			CHECK				
7539 BARDSTON DR	S.	ate	Zip Code	MI D	Yi	Amount		
City	0"	H	43017	0 2 2 5	1 5	125.00		
DUBLIN Full Name of Contributor	U	11	43017	Registration Num				
•								
WILLIS R CONNER Street Address	Employ	ет/Оссип	ation/Labor Organization			Form (Cash, Check, etc.)		
2550 CORPORATE EXCHANGE DR	Limpie					CHECK		
City	Si	atc	Zip Code	M D	Υİ	Amount		
COLUMBUS	l o	I-I		0 2 1 7	1 5	375.00		
Full Name of Contributor				Registration Num				
KEVIN KUSZMAUL								
Street Address	Émploy	er/Occup	oation/Labor Organization			Form (Cash, Check, etc.)		
5080 DUBLIN RD	,		Ü			CHECK		
City	Sı	ate	Zip Code	M D	Υį	Amount		
DUBLIN	0	ΙН	43017	0 2 217	1 5	125.00		
Full Name of Contributor		!==	10017	Registration Num				
JON C JASPER								
Street Address	Employ	ет/Оссир	nation/Labor Organization	_!		Form (Cash, Check, etc.)		
3861 STONESTHROW CT W						CHECK		
City	Sı	ate	Zip Code	M D	Y	Amount		
HILLIARD		H	43026	0 2 2 4	1 5	125.00		
Full Name of Contributor				Registration Num	ber, if P/	NC .		
DANIEL M OBRIEN								
Street Address	Employ	er/Occup	oation/Labor Organization	-		Form (Cash, Check, etc.)		
1173 MCCLEARY CT	İ					CHECK		
City	S	tate	Zip Code	M D	Y	Amount		
COLUMBUS	0	H	43235	0 2 2 5	1 5	125.00		
Full Name of Contributor		-		Registration Num	ber, if P	AC.		
BIA BUILD PAC OF CENTRAL OHIO								
Street Address	Employ	er/Occup	nation/Labor Organization			Form (Cash, Check, etc.)		
495 EXECUTIVE CAMPUS DR	ŀ					CHECK		
City	S	tate	Zip Code	M D	Y	Amount		
WESTERVILLE	0	H	43082	0313	1 5	125.00		
Full Name of Contributor Registration Number, if PAC								
PERRY J MORGAN						In total City		
Street Address	Employ	er/Occup	nation/Labor Organization			Form (Cash, Check, etc.)		
3536 SCHIRTZINGER RD	<u> </u>		Ta: . 0 . 1	TW TR	Vi	CHECK		
City	_	tate	Zip Code	M D	Y .	Amount		
HILLIARD	10	H	43026	0 2 2 5	1 5	125.00		

Page Total \$ 1,625.00_

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)