Page.	17_	
	Page.	Page 1

## Contributors in Officeholder's Employ

Prescribed by Secretary of State 2/01

	rtescribed by Scoretary	Of Bridge Byo.	
Name of Committee in Full	_		
Committee to Re-elect Don Schonl	nardt		
'ull Name of Contributor			
CINDY J. GARNETT		M D	Y Amount
treet Address		1 1	
4499 ASHVIEW ST	State Zip C	0 2 2 6 Form (Cash, Check,	
City	1		
HILLIARD	O H 430	26 Check	
Full Name of Contributor			
LEE DENISE GREER		M D	Y Amount
Street Address		$ _{0} _{2} _{2} _{6}$	1 1 25.00
5300 TAYLOR LANE AV	State Zip C		
City	O H 430		
HILLIARD Full Name of Contributor	0 11 130	320	
MICHELLE UNDERWOOD			
Street Address	<u></u>	M D	Y Amount
4140 STARGRASS CT		0 2 2 6	1   1   150.00
City	State Zip C	ode Form (Cash, Check,	etc)
HILLIARD	O H 430	)26   Check	
Full Name of Contributor			
JOHN F. HALL			
Street Address	M D	Y Amount	
4997 AVERY RD		0 2 2 6	
City	State Zip (	<b>.</b>	etcj
DUBLIN	O H 43	016 Check	
Full Name of Contributor			
STEVEN B MAZER			Y Amount
Street Address	M D		
3362 HARBOR BAY DR	7		1 1 25.00
City	1 . 1		, (())
HILLIARD	O H 43	026 Check	
Full Name of Contributor			
GREGORY A. TANTARI		M D	Y Amount
Street Address		0 2 2 6	1   1   50.00
2976 NANTUCKET DR	State Zip	Code Form (Cash, Check	
City	1 . 1 .	035 Check	
LEWIS CENTER	0 11 5	0.55	
The above are employees of a unit or department under the d	irect supervision or control of	Donald J. Schonhard	, who currently holds the public of
of Mayor of Hilliard . I hereby	offirm that each contribution was s	voluntarily made.	
711.9	of Treasurer or Deputy Treasur		
Transfer total employee contributions to Form No. 31-A or 31-	E, if received at a social or fundr	aising event. Under "Full Name of Contributor	r" state "Total employee
contributions from form No. 31-G."			Page Total \$320.00_